FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

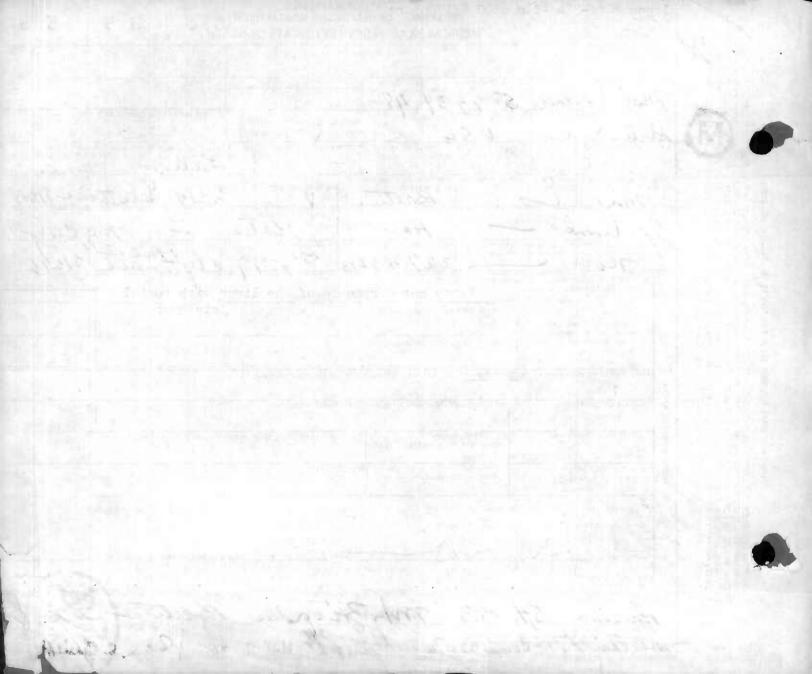
10	155	REGISTRAR		CERTIFIC	CHIL OI DEA			REG. NO.			
		CEASED NAME FIRST	MIDDLE	LAS	ŠT.		2a. DATE O	FDEATH MON	TH DAY	YEAR	26 HOUR
1	(ITP)	Josep	h S.	На	ck			4	2	83	м
1	3. SE	X	4. RACE	5. DATE OF	BIRTH	YFAR	& AGE (INY	EARS LAST BIPTHDAY		UNDER I YEAR	IF UNDER 24 HRS
/		Male	Black	7		15		67	YRS.	TITS DATE	NOOKS MIN.
9 1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8.	NEVER MAR	PIED T	9. BALTIMO	RE CITY OR CO	OYTHU	FDEATH	
(533)		faryland	U.S.A.	WIDOWED			Balt	imore	Cit	у,	MD.
pei	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITU	ITION	120 USUAL	OCCUPATION K FOR MOST OF WOL			OF BUSINESS OR
170	В	Baltimore	1705 Mosher		et		(111201 404	K TON MOST OF THE		I TOOSTKI	
9		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e. STREET	ADDRESS			
(35)	17.	Maryland	Baltin					Mosher	St	reet	21217
nine		ATHER'S NAME	MIDDLE LAST		IS. MOTHER'S MA	AIDEN NAM		MIDDLE		LAS	
307		Spencer	Hack		Mai			WIDDLE		t A S	
ico		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT		JEN P	ADDRESS			
medico		YES		2-6204	Cather	rine	Hack	1705 h	losh	er St	reet
‡ .		IS CAUSE OF DEATH (Enter of	nly one couse per line for to , (b , c	and ic	- 7	1. 1.				BETWEEN	IMATE INTERVAL ONSET AND DEATH
vent		PART I. DEATH V'AS CAUS	ED BY	eralo	us le	wine	u lev.	n			
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of, cr		underlying cause limit		Ca //	thelle	illo	in	7 1			
7, 0		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	OR CONDITIO	ON GIVEN	IN PART 10	a
2 : 2	ION						/				a me
a o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORM	ED	200 AUTO			VERE FINDING CAUSES	NGS USED OF DEATH?
ho T	RTIF		\$ ==				YES 🗌	NO	YES		№ □
88	-	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTERNA	ATURE OF INJURY IN I	TEM 18 PART	I OR PART 2)	
1 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19							
ed or	AED	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC }	211. LOCATION STREET			CITY OR TOWN		COUNTY	STATE
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n 2 l			ot) view the bady after death.		I that in (my) (ou	ir) apinion a	leoth accurre	a an the date a	na naur a		
If Hem		226. SIGNATURE	2/ 1/2	1 11	EGREE	NDING	MEDICAL	STAFF	./	22c. DATE	SIGNED
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RIA		22d PHYSICIAN'S NAME (TYPE	lanchard, M.D		22 S. G	reene	ct c	Palto	MA	2120)1
MPORTANT:		Cyrus L. D.							IVIU	. 2120	/1
, 2		BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CRE	MATORY	23d. LOC	ORTOWN		COUNTY	STATE
-	$\overline{}$	URTAL	4/7/83	Md. V	eteran			Wnsvi		Die Clerk	Md.
1 4/82		UNERAL DIRECTOR	ADDRESS			NAP!	READ. BY	SEGISTRAR 256.	2 Cm	" STOR	ihill
)	Wm	C March F/H	Inc. 1101 E	North	Ave.	7.51		0			

DHMH - 16 50M 4/82 25, 4)

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AND 21	filled in rould be f	35	Ma	RESIDENCE (IF NURSING HON TATE 13b. CO	E OR OTHER INSTITUTION, C DUNTY	Baltimor	PE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	3007 Hunt	ington	Ave. 2/2/	11
MARYL	completely completely cond 2 st	30	14 FA	Jesse	MIDDLE	Hall			MAIDEN NAM IRST 1CE			West	
IIMORE,	on and co	/		AS DECEASED EVER IN U.S. NO OR UNKNOWN) (1F YES	ARMED FORCES? GIVE WAR OR DATES)	228-09-		17. INFORMAN Betty	Jo Hal	1 3007 Balti	Huntin more	gton Ave. Maryland	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	that the death certificated by the attending physic case remove corban papels of, cremotion, or removal rather traumatic event, it			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR DUE TO, OR	as a consecuence of a consecuence of the consecuenc	I CUL	CHI CHI vrtic	Libri.	llation		BETWEEN ONSET AND DE	TATH
RDS, 20	requires en signed Then ple or to burid		NOI	PART 2. OTHER SIGNIFICAN		ntributing to	DEATH BUT	NOT RELATED T	O THE TERM	NAL DISEASE OR COM	IDITION GIVE	N IN PART 1101	
AL RECO	The low reicion. Ite hos beer asit permit. Giene prior shows ony is	9	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	H OPERATION	WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH	?
OF VIT	SKIAN: The ng physicion certificate huriol-transit period the feet 18 shows the man 18 show	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	MONTH D	AY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT I OR PART ?}	
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٥	TTEN partol TOR: for us of He			22a. I certify that (I) (this his sow the deceased alive above, (I) (we) (did) (did	on 4-	3 19	83, on	d that in (my) (. 19 <u>78</u> our) opinion d	to 4-3 eoth occurred on the c	dote and hour	9 3 5, that (I) (we ond from the couses state	e) last
U	y the hosp y the hosp RAL DIREC detoched fore Dept.			22b. SIGNATURE	Sh	mo		DEGREE AT PH	TENDING A	MEDICAL STA	3430	221. DATE SIGNED 4-30-8	3
	to HOSPITAL etoined by floor TO FUNERAL should be det with the Stote			Erangelo	s Lig	MOS		22. ADDRESS 201 E	: Uni	versity	PKn	Baltimor Maryland	
	BP		23a B	URIAL, CREMATION, REMOVE PECIFY) Burial	May 3,			Hill C		Coving	ton,	COUNTY Virginia	ä
D	HMH - 16 50M 4/B	2		NERAL DIRECTOR		ADDRES	ex. Va	. 22310 ne St.	25 0 ATE	RET DBY BESTRAI		ARE SIGNATURE	
	(VRA 15, 4)		Ma	tropolitan F	uneral Ser	vice. 5	517 Vi	ne st.		0		7	

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(VRA 15, 4)

REGISTRAR

Riverside Ave. Balto. Md. 1621 Belt St. Balto CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE __ that (I) (we) lost ___, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 27s. DATE SIGNED (SPECIFY) New (athedral emetery Maryland DHMH - 16 50M 4/B2 Md ulty Funeral Home, 130 E. Fort Ave. Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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26. HOUR

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3.		RI I4. RACE	JTH		uma		HAMB				DEATH MATI		1-9-8	19	
	Female	White	MOM	DA!	YEAR 1933	6 AGE (IN YEAR LAST BIRTHDAY) MONTH	DER 1 YR.	IF UNDER		RONOUNCED DEAD	4	1-9-8		24AMPU .5:0
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13	SUAL RESIDEN a. STATE Md.	ICE (IF IN NURSING	HOME OR OTHER	INSTITUTION, GIV	13c. CITY	efore admissio or town Ltimore		13d. INSIDE C	ITY LIMITS?	13e. STREE	T ADDRESS Maude		(2122		111
4/4	FATHER'S NA		MIDDI	E	Ha	îlı		F	R'S MAIDE	N NAME	MIDDLE G.			LAST FOX	
7 16		ASED EVER IN U.	S. ARMED FO S. GIVE WAR OR			IAL SECURITY	NO.	17. INFOR/				DRESS		. UX	
1/3	Cand gave cause lying	E OF DEATH (En I DEATH WAS C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUSED BY: AEDIATE CAU which ediate under-	(c) Arte	eriosc XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Leroti XXXXXX ver SEQUENCE O	¥Χ				sease a	and	38	APPROXIMATE	AND DEATH
7	19a. DATE	OF OPERATION	1	19b. CONDIT	ION FOR V	/HICH OPERA	TION WA	S PERFOR	MED?				20	AUTOPSY?	NO []
3	21a. EXTER UNDERLY CONTRIB	RNAL CAUSE WING OR OTHER		21b. TIME OF HOUR A.M. P.M.		DAY YEAR	21c HO	W INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY IN I	ITEM 18 PART 1	OR PART 2)	163 XIX	NO LJ
	(A)	Y OCCURRED NOT WHILE AT WORK	E 🖸	21e PLACE C STREET, FACTO	OF INJURY DRY, FARM, ET		2 If LOC	ATION REET			CITY OR TOWN		COUNTY		STATE
2		ertify that I taak sulted fram:	charge of the		Accident	e, held on Suid	Autops)	Hamid	PECIFY).	Undeter	Inquiry , mined manner	<u> </u>	my opinion	9-83	

per wat the contract | bearing on the record - STATE

REGISTRAR

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN should b IMPORT, 230. BURIAL AREMATION, REMOVAL 236 DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION URIZA BP BY REGISTRAR 25M REGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

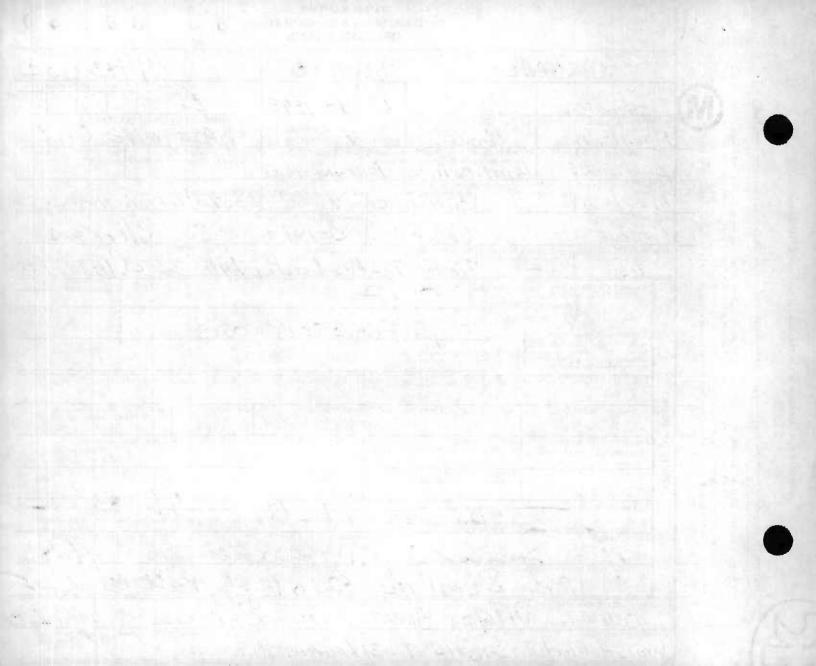
26 HOUR

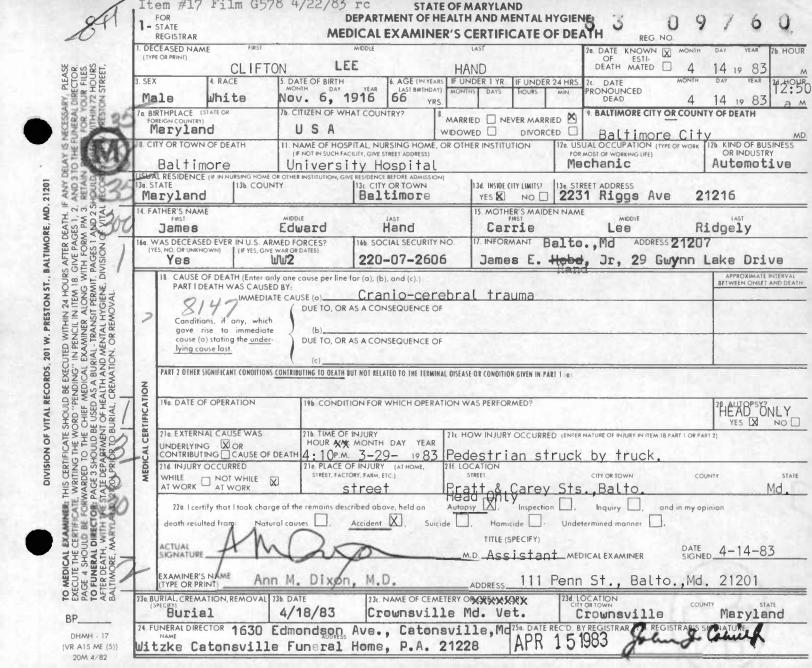
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(Ma)		CEASED NAME FIRST OR PRINT)	WIDDLE	(AST	20. DATE OF DEATH MONTH	No.
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Poge direct sours	7. 01	Male	White The CITIZEN OF WHAT COUNTRY?	09 10 95	87	RS.
ter death. F within 72 h		Virginia	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	City, up
By the	10. C1	Balt mure	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCHFACILITY, GIVE STREET) SINGUHOS	GHOME OR OTHER INSTITUTION (DDRESS) Dital of Baltime	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SheetMetal)	ing life) lib kind of Business or INDUSTRY WorkerConstruc
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on and co	mad'	VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN) (IF YES, GIVE OS WWI &	110 OD 0	834\BeatriceV.	Mullins1675	
quires that the death certificate signed by the attending physis hen please remove carbon papt to burial, cremation, ar removal hiury, ar ather traumatic event, it	NO	PART I. DEATH WAS CAUSED ## 860 IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) GT b G DUE TO, OR AS A CONSEQUE	te renal failur. NCE OF Led + Intestual	e + Sepris ostruction + f	
The low recion. In the hos been sit permit. If you have prior the	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
rysician: The ding physicia physicia physicia physicia physicial is certificate it but of the physician ph		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER;		21c HOW INJURY OCCU 19	RRED (ENTER NATURE OF INJURY IN ITE	M 1B PART 1 OR PART 2)
NG PHY offer this as the bu th and M	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FI	ARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND or tool or use or use or use of Heal		220-1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did1)(did not	ol) attended the deceased from	5, and that in (my) (our) opinion	n death occurred on the date on	d hour and from the causes stated
TAL OR AT yy the hosp yy the hosp RAL DIRECT detoched to tote Dept: o		226. SIGNATURE	up le mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4/17/83
TO HOSPITAL Cretoined by the TO FUNERAL Dishould be detoo with the Stote Dishould by MPORTANT: If		TRONG	Q. LE , MD	Sivai	tospital of	Belt-more
8P		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		ame of cemetery or crematory arkwoodCemetery	Baltimor	
DHMH - 16 50M 4/82 (VRA 15, 4)		illiam E. Joh	nson8521 Loch	Raven Blvd.	R 1 8 1983	GISTRAR'S SIGNATURE

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7/	1			STATE OF MARYLAND		
1	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	09/52
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4 . 96	1.5E	hale.	I. RACE 6 / 0	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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1 83		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) INS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FORMOSTOF WORK	ING LIFE) INDUSTRY
20	AUSU.	AL RESIDENCE IN MUNICIPIO HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1	11 226
BALTIMORE, MARYLAND 2 cools o executed within 24 th yearer sind completely filled their Pages 1 and 2 thould not	1	navalan Ish COUN	13 CHTY OR TOW	YES NO	13e. STREET ADDRESS	hburton ST
My I II PM	M. F.	THER'S NAME	DOLE // LAST	15 MOTHER'S MAIDEN NA	ME	A LAST
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ORE,	160	WAS DECEASED EVER IN U.S. ARAYES NO DRANKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	110cm 11 +51
J I		NO	221-300	ob Thrs. JAM	KAHARCUM	1628/KShownow
BALL		18 CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), an	dici.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
上安 包括原		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a)	ac arrest		
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ISE CED 34 19 1		Canditians, if any, which		00212		
V. PR		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	netabolic duang	7	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NO. PIPERCOM, The Committee of the community of the common of the com	NOI	PART 2 OTHER SIGNIFICANT C	Fulmenin	t hepaths	MINAL DISEASE OR CONDITION	N GIVEN IN PART TO
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2 8 8 8 9	1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)
40 SA 169 11	13	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
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VISI	2	HILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	4	
N O O O	10		ol) attended the pleceased fram_	B/11/ 19 K	3 , ta 4/11/	19 4 3 , that (1) (we) last
S S S S S S S S S S S S S S S S S S S		saw the deceased alive an obove, (1) (we) (did) (did not	4/11/19	and that in (my) (aur) apinian	death occurred an the date an	d haur and fram the causes stated
A 1		22b. SIGNATURE	view the bady after death.	DEGREE		224 DATE SIGNED
0 2 0 8 0 5		Jame	& KAKER	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 4/11/83
1 4 2 3 4	1	22d. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS		
51 50 4 8 /		JAMES	KAHN	JOHNS	HOPKINS H	tospital.
5 5 5 6 1 5	23a	BURIAL, CREMATION, REMOVAL	23) SATE 23(1	NAME OF CEMETERY OF CREMATORY	23d LOCATION	course 11 for
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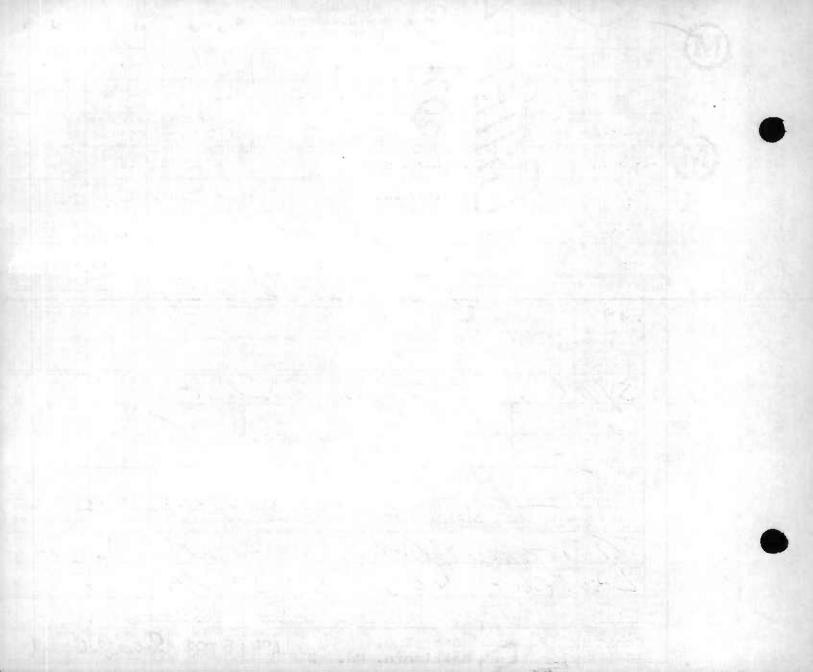
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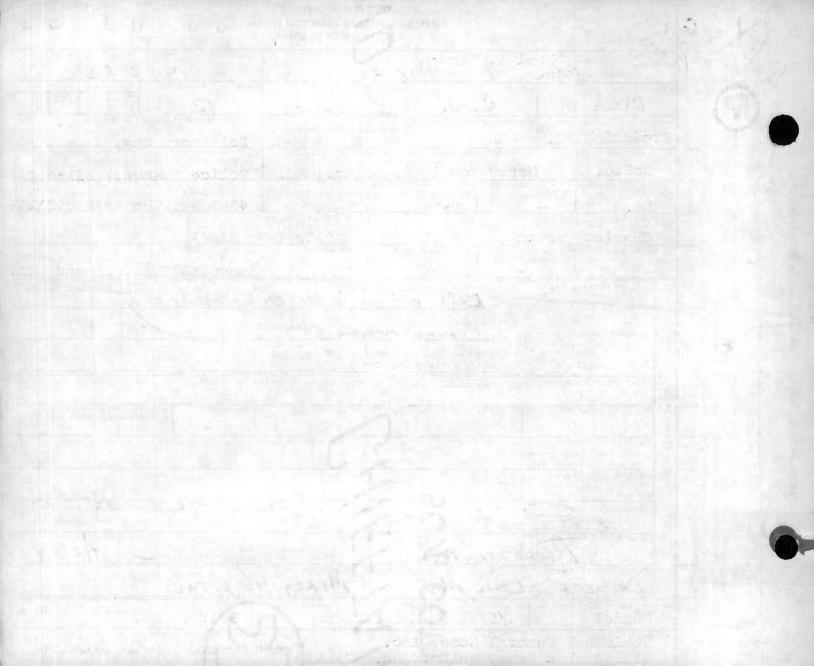
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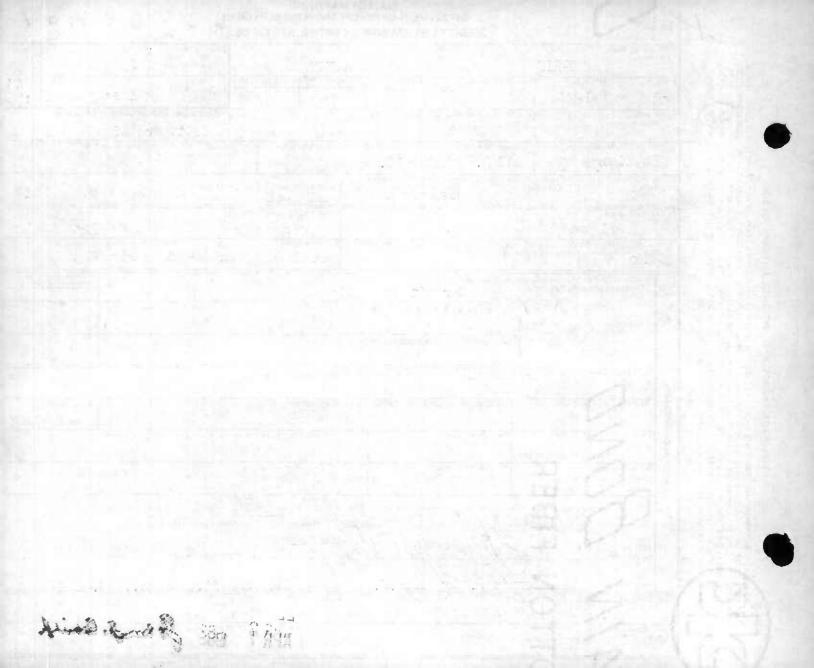
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5		Male		Bla						RS.	
3		RTHPLACE (STATE COUNTRY) Virginia		76. CITIZEN OF U.S	.A.	WIDOW		Balti	imore Ci	ty,	
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	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	REG. N	0 9	110
	1. DECEASED NAME FIRST	4A	HA	RR15	20. DATE OF DEATH	10/83 YEAR	6 45 PM
	Female	RACE B lack	5. DATE C		6. AGE FIN YEARS LAST BIR	THDAY) IF UNDER LYE.	
)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Car.	76. CITIZEN OF WHAT COL	UNTRY? 8. MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
-	10. CITY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, (FINOT IN SUCH FACILITY, GI Lutheran Hos	NURSING HOME		120 USUAL OCCUPATI		OF BUSINESS OR
1	USUAL RÉSIDÈNCE (IF NURSING HOME O 130. STATE Md.	ROTHER INSTITUTION GIVE RESIDEN NTY 136 CITY (Balt	OR TOWN	134 INSIDE CITY LIMITS?	13. street address 724 Edgewoo	od St. 21	229
1	14. FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	Williams	LAST
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRI	ESS	
	No			Lillie M. Atl	kinson 515 l		21217
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION	NSEOUENCE OF	NOT RELATED TO THE TERM	n of lu	DITION GIVEN IN PART	1(a)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19	214. HOW INJURY OCCUR			
	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY		STREET	CITY OR TO)WN COUNTY	STATE
	22a. certify that (1) (this hasp saw the deceased alive of above, (1) (we) (did) (did/no	1 1 -	19 82.0	nd that in (my) (our) apinian	death accurred an the d	ote and haur and fram t	_, that (1) (we) last the causes stated
	276. SIGNATURE	M.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	ATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE	S. NAIR,	M.D	220 ADDRESS 0100	JORK RO JALILMOR	E, MDZ	1213
	230 BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	236. DATE 4/13/83	23c. NAME OF C	EMETERY OR CREMATORY V Cem.	Balto., N	Md.	STATE

DHMH - 16 50M 4/82

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(VRA 15, 4)

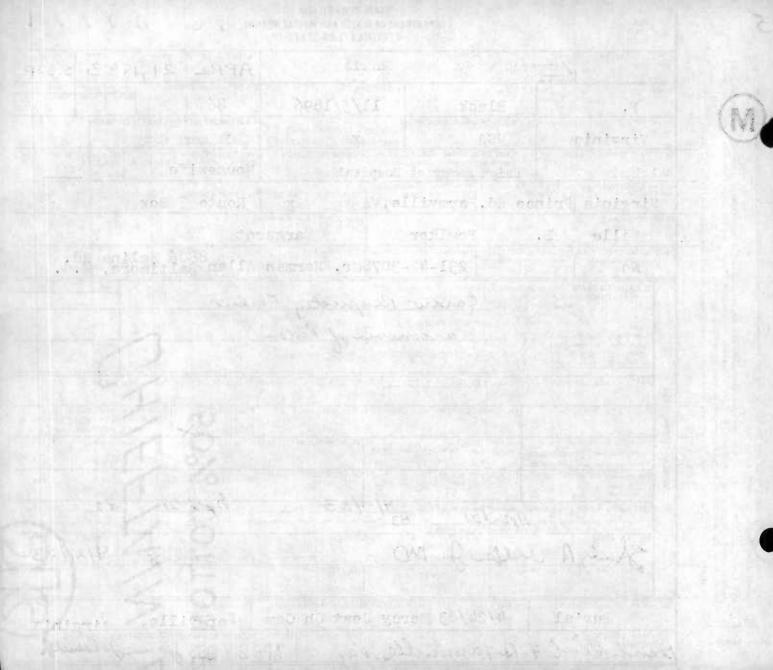
24. FUNERAL DIRECTOR
NAME
LEROY O. DY

DYETT 4600 LIBERTY HGTS. AVE.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE WER 171803

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5	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
ge specification of the specif	1. DECEASED NAME (TYPE OR PRINT) Harri	aret G.	Harris	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR APRIL 21,1983 3:32 PM
(out of a	3. SEX	4. RACE Black	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	76. BIRTHPLACE ISTATE ORFOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City MD.
s ofter de by the fulled with inchined of	10. CITY OR TOWN OF DEATH Baltimore		NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION 120, KIND OF BUSINESS OR UTPEOF WORKFOR MOST OF WORKING LIFE) INDUSTRY
AND 212	USUAL RESIDENCE (16 NURSING HOMEO 136. STATE 136. COU Virginia Prir	nother institution, give residence before NTY 136. CITY OR TOY I CE Ed. Farmvil	Le, VA YES NO NO	130 STREET ADDRESS Box # 99999
MARYL ted within ompletely ond 2 sl	Wille L	Fowlker Fowlker	0	AMORE
TIMORE, on ond con ond	168 WAS DECEASED EVER IN U.S. AL			Allen 8806 Selina Rd. Allen Baltimore, M.d.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours cortending physicion. When this certificate has been signed by the ottending physicion and completely filled in by as the burial-transmit permit. Then please remove carbon papers: Pages 1 and 2 should be filled in by as the burial-transmit permit, or other transmoval. The page of the properties of th	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) CANAL DUE TO, OR AS A CONSEOU (c)	ENCE OF ENCE OF	AINAL DISEASE OR CONDITION GIVEN IN PART TIO
or VITAL RECORD TANK: The law rephysicion. Thicore hos been districted by the law it all Hygiene prior in 18 shelf-so on yield.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY ATH HOUR A.M. MONTH D	AY YEAR	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Leo Leo		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	9/1/83 19	city OR TOWN COUNTY STATE , to April 21 1983, that (I) (we) lost
TO HOSPITAL OX ATTE	saw the deceosed olive or obove, (1) (we) (did) (did n 276. SIGNATURE	villa. A N	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	death occurred on the date and hour and from the causes stated 22c. DATE SIGNED
999	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		name of CEMETERY OR CREMATORY Prcy Seat Ch Cem	Farmville, Virginia
DHMH - 16 50M 4/82 (VRA 15, 4)	Bland Reed	7. HJannie		R 2 7 1983 John L Comit



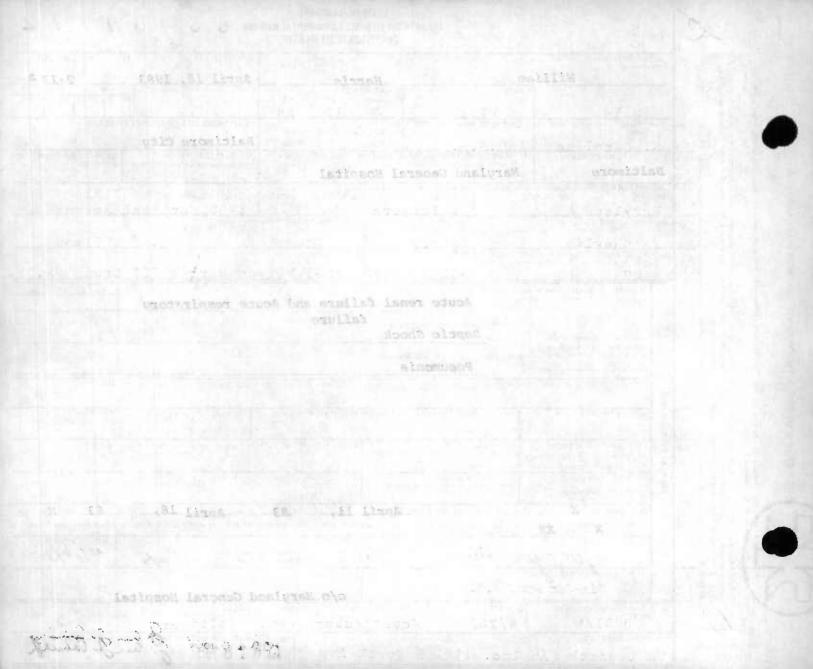
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Wm C March F/H Inc. 1101 E North Ave

STATE OF MARYLAND

FOR

(VRA 15, 4)



Brown/Thompson F.H. 1913 W. Balto. St.

(VRA 15, 4)

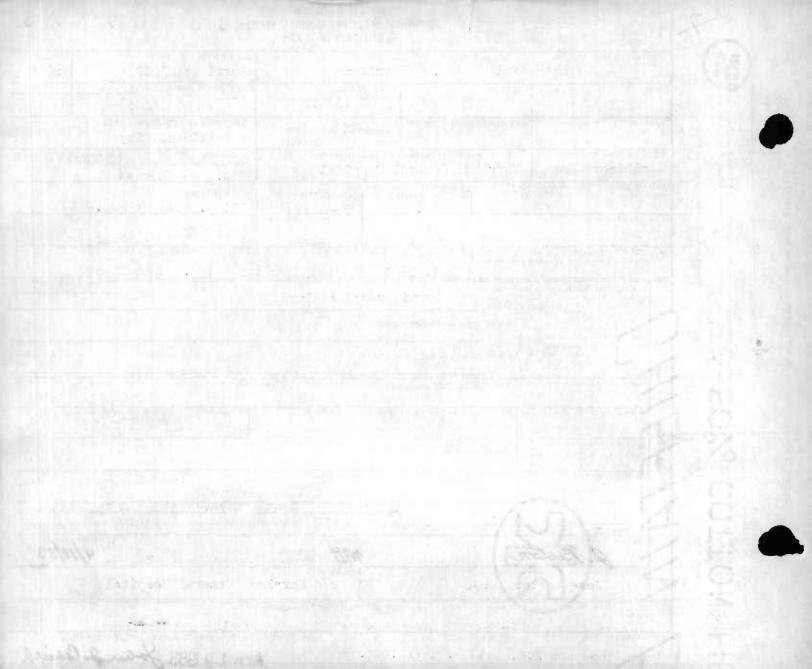
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO.

FOR - STATE

REGISTRAR



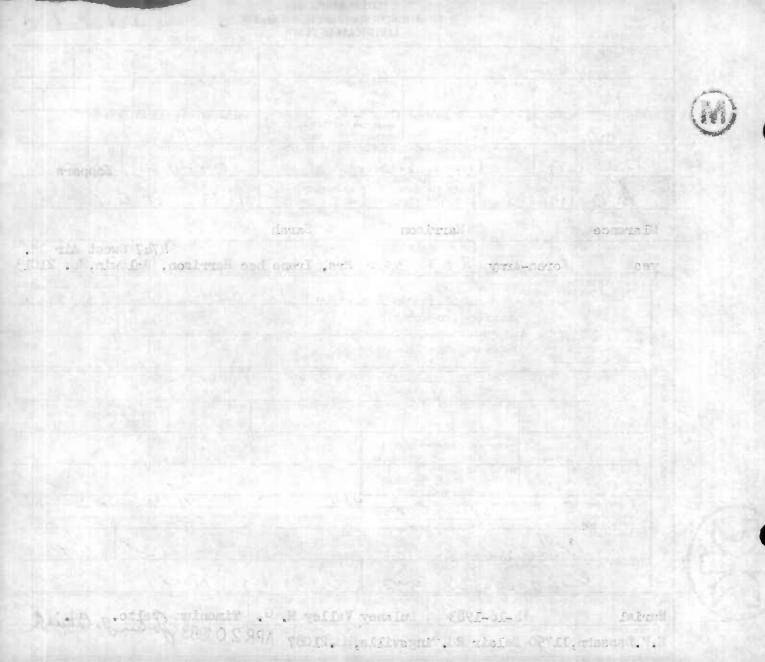
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o 84		CEASED NAME FIRST	MIDDLE	110	AST	0.65	2a. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
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4 (P)	3. SE.	M	*. RACE	MONTH		YEAR 23	49	YRS.	MONTHS DAYS	HOURS MIN.
			76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER M	<u> </u>	BALTIMORE CITY		TY OF DEATH	
eoth		MD	us	WIDOWE		ORCED	CITY			MD
s ofter d	10. C	Baut Cuty	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		1. /		120. USUAL OCCUPAT	ON OF WORKING NJS I	LIEE) 12b. KIND (INDUSTRY	OF BUSINESS OR
	USU. 13a. S	AL RESIDENCE LIF NURSING HOW OR, TATE MACOUN MACOUN	3c. SITY OR TO	ORE ADMISSION) WN OWIN	13d. INSIDE CIT	TY LIMITS?	13. STREET ADDRESS	reet	03	10/3
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Propes	- 0	192	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 2-Army 215 32		Mrs.		ADDRI ee Harrison			Air Rd. Id. 21013
opposite to		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), o		,	,			APPROX BETWEEN	XIMATE INTERVAL LONSET AND DEATH
400			E CAUSE (a) M	yo co	idia	l u	auchin			3 hrs.
corr corr noti		4100	DUE TO, OR AS A CONSEO	SENCE OF		V				
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y the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF					W 35 9	
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かりません	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU			NO L
190 1	14 N	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	13.28					
1 × 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. LOCATION	N	CITY OR TO	WN	COUNTY	STATE
the state	5	AT WORK NOT WHILE AT WORK	(AL HOME, STREET, FACTORY, OFFICE	PARM, EIC)				1		VIII.
leal s mg			tal) attended the deceased fram	6.3	4114	. 19 53	to	14		that (I) (we) last
22 000		saw the deceased olive an obave, (I) (we) (did) (did not		, 01		aur) apinian de	eoth accurred an the d	ate and ha	out and fram the	causes stated
DIRE	6	22b. SIGNATURE	*		DEGREE	TTENDING .	MEDICAL STA	F F	ME DATE	SIGNED
4 4 4 F		0/2	anerge	no	PI	HYSICIAN [DIRECTOR PHYSIC		1/1	14183
Pould by MFORTA		22d. PHYSICIAN'S NAME ITYPE OF	energie n	cu	22e ADDRESS	90 n	n Her	7		
- 1		URIAL, CREMATION, REMOVAL			EMETERY OR CI		23d. LOCATION		COUNTY	STATE
	231	rial	4-16-1983	Dulane	y Valley			Pal	to.	genel
16 50M 4/B2	24 FU	F. Tassahn, 11750	Belair Rd. Karn	swill	a. Md. 23 (087 AP	RC2 0 1983	of areas	SIGNA	TURE
RA 15 4)		- 42,000000000000000000000000000000000000		S and A springer	WE E-W.					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

(VRA 15, 4)



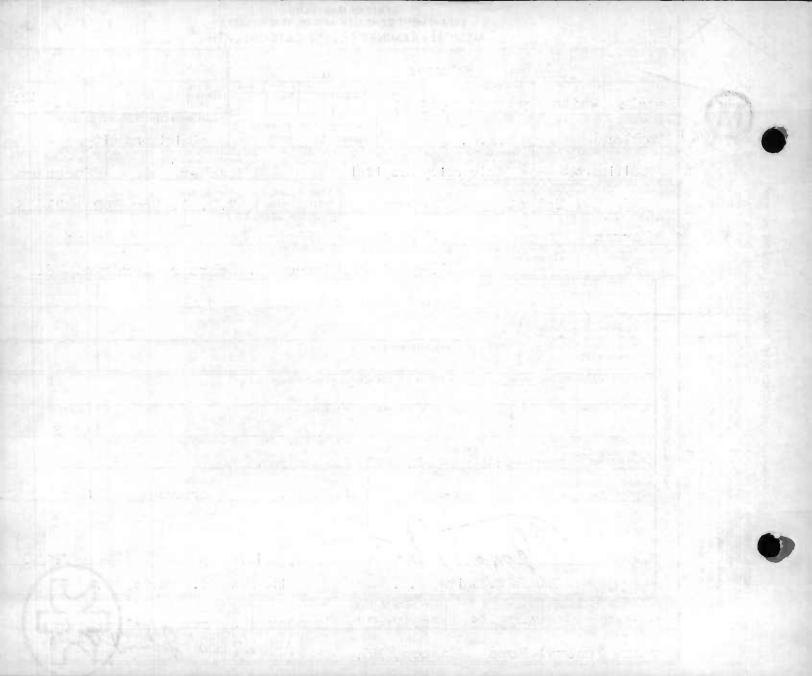
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAP REG. NO 20 DATE KNOWN DECEASED NAME MONTH 76 HOUR (TYPE OR PRINT! ESTI-Behrens DEATH MATED Jane Hart 2319 83 4 RACE 5 DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 12:30 PRONOUNCED Female White JULY 27 1945 37 DEAD 319 DM Je BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED TO DIVORCED Baltimore City, ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TTYPE OF WORK 120, KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital 3. RETAIN PA Teacher Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA DAY COUNTY 3ª STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Talbot Cordova Md YES [] 21625 NOTE Box 66D2 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM.

T. PAGES I AND 2

DIVISION OF WITH MIDDLE MIDDLE LAST EIRST Behrens Elsie Herman Kunze 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 7 INFORMANT ADDRESS IYES, NO. OR UNKNOWN! HE YES GIVE WAR OR DATEST 217-44-1438 Gordon L. Behrens No Cordova, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-CREMATION, lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE I PRIOR TO BURIAL, YES V NO [71a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 ARDED TO THE W GE 3 SHOULD B HOUR & MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5 . 45 P.M. 4 19 83 Subject shot 21e PLACE OF INJURY III. LOCATION 214 INJURY OCCURRED (AT HOME, STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, VINE PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Blades Rd. home Cordova Talbot Md. 22s I certify that I took shaw Inspection lnaury and in my opinion Homicide X deoth resulted from: Undetermined manner THE (SPECIFY) DATE M. Deputy Chiefiedical ExaminER 4/24/83 SIGNATURE Thomas D. Smith. M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY 4-26-83 Burial Paul's Cemetery Cordova BP 24 FUNERAL DIRECTOR **DHMH - 17** Newnam Funeral Home Easton, Md. (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



1101 E. North Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH - 16 50M 7/77 (VR A 15 (4)) The West Town

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔏

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH LAST MONTH 2h. HOUR MIDDLE DECEASED NAME FIRST TYPE OR PRINTI Mildred Haskins E. 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYFAR 4 RACE 3. SEX MONTHS DAYS MONTH YEAR Black 10 16 Female 66 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE / STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Virginia U.S.A. Baltimore City DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 709 Beaumont Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X 709 Beaumont Ave. 21212 Maryland Baltimore NO T 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE John Martha Gains Jones ADDRESS 16h. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) John Haskins709 Beaumont Avenue UNKNOWN N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I, DEATH WAS CAUSED BY: andiohulmono MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCA OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY STATE COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 3-20 22a.1 certify that (1) (this haspital) pttended the deceased fram, , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ abave, (I) (we) (did) (did not) were the body after death DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN ATTENDING

should be a with the State

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

ISPEBURIAL 4/7/83

23g. BURIAL CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

22e. ADDRESS

23d. LOCATION

Md".

Wm C March F/H Inc. 1101 E North Ave

Glenburnie,

SOID YORKRD, BALTMODIZIZ

PART STATE OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	I. DECEASED NAME FIRST (TYPE OR PRINT) GLANIE	F. HA	AWS	20 DATE OF DEATH MONTH	4 83 8 5 M					
	3. SEX Male	4. RACE White	5. DATE OF BIRTH	0. 710E (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FUNDER I YEAR IF UNDER 24 HRS					
3	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTTMORE CITY	OF DEATH MD					
4	18. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS UNION MEMORIAL	HOSPITAL 21218	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY					
5	USUAL RESIDENCE (IF NURSING HOME O 13g. STATE Maryland			13, STREET ADDRESS 4222 Falls Road	21211					
00	14. FATHER'S NAME FIRST William	F. Haws	15 MOTHER'S MAIDEN N Sarah	AME MIDDLE	Emory					
1	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECULIVE WAR OR DATES) 218-09-		e Haws 4222 Falls	Road 21211					
	PART I. DEATH WAS CAUS 4/00 Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	andial intancta	MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN OPSET AND DEATH 6 WAS EN IN PART 1(0)					
2	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO					
7	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	EATH 216. TIME OF INJURY HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)					

LIF EITHER, NOTIFY MEDICAL EXAMINER) MEDICA

NOT WHILE

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

4

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRIN

(SPECIFY) Burial

FOR - STATE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Union 23t. NAME OF CEMETERY OR CREMATORY
Crest Lawn Gardens

Marroitsville

in (my) (our) opinion death occurred on the date and hour and from the causes stated

Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

IMPORTANT: If Ite

BP.

(VRA 15, 4)

A. Alan Seitz, Jr. 3818 Roland Avenue 21211

4/18/83

APR

250 DATE REC'D. BY REGISTRAR 22 REGISTRAR'S SIGNATURE

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load 21211	202 mm	x	eltimore		ôm Land
LJ 2		rio ns ?	. aws	.7	maililiy
Talls Fond 2121	e ars 1222	Mrs. Irlaki	11-07-5008	S	0 *

A. . Len Sciss, Jr. 331; Kolone Avenue 21211

1.2	١,	FOR			_		MARYLAND H AND MENTAL	HYGIENE	s n	9 / 8	0
to		STATE REGISTRAR		M	EDICAL EXAM	INER'S		OF DEATH	REG. NO.		
		CEASED NAME PE OR PRINT)	Kathe	Katl	nleen Anne		Haves.	2e. DAT OF DEAT		4-27- 1983	
DARECT PLEA DARECT PLEA COUR FIRE ON STREET	3 SE		ACE hite	5. DATE OF BIRTI	YEAR LAST BIE	N YEARS IF U	NDER 1 YR. IF UNDE		UNCED	27- 1983	21 HOUR 2:45
S NECES S FOR YOUR ALL C MATHER TO WE WESTED	70 B	RTHPLACE (STATE PREIGN COUNTRY) Marylan			WHAT COUNTRY?	8. MARI		RIED 🔲	timore Ci	DUNTY OF DEATH	MD
SEGE	10° C	Baltimor	DEATH	(IF NOT IN SUCH	SPITAL, NURSING HO	55)	HER INSTITUTION	12a USUAL OCC	CUPATION (TYPE OF W VORKING LIFE) Assistant	ORK 12b KIND OF OR INDU:	STRY
ANY DANY DANY DANY DANY DAND 3 TRETAIN HOULD HOULD	13e. S	AL RESIDENCE (IF IF	136 COUN COUN	OR OTHER INSTITUTION,	130 CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADD	RESS Appaloosa	Way 2	1048
DEATH. IF DEATH. IF GES 1, 2, W PM 3. AND 2 S	14. E	ATHER'S NAME FIRST George		MIDDLE John	Davies		15. MOTHER'S MAIL FIRST Murie.		MIDDLE	Asplen	
BALTIMORE URS AFIER DEL B. GIVE PAGES WITH FORM I T. PAGES I AM DIVISION OF	7 16a. \	VAS DECEASED EV ES, NO, OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU 212-78-2		George	J. Davies	2402 App Finksbur	aloosa Wa	o48
HALL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RD. "FROIL IN ITRA" IS. GIVE PAGES 1, 2, HIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI OF HEALTH AND MENTAL HYGIENE, DIVISION OF MIAL. CREMATION, OR REMOVAL.	N	gave rise couse (a) sta lying cause l		(b)	OR AS A CONSEQUEN OR AS A CONSEQUEN IN BUT NOT RELATED TO THE	CE OF	ISE OR CONDITION GIVEN IN I	PART 1 (o),			
SHOULD B WORD "PEN WORD" "PEN WOR	IFICATIO	19a. DATE OF OP	ERATION	195 CONE	DITION FOR WHICH O	PERATION	WAS PERFORMED?			20 AUTOPS	
S CERTIFICATE SI RITING THE WO RDED TO THE SEE S SHOULD BE FE DEPARTMENT SOI PRIOR TO BU	MEDICAL CERTIFICATION	210. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE N AT WORK A	OR CAUSE OF URRED	DEATH 1 2 · 4 F	OF INJURY WANDITH DAY WANTH DAY WANTH DAY OF INJURY (ATHOM ACTORY, FARM, ETC.)	83 (E. 211. LC	driver in occurrence occurrence occurrence of Sagarthington	auto/fixe amore For	ed object	impact county	, STATE
CAL EXAMINER THE CERTIFICA SHOULD BE FO RAL, WITH THE RRE, MARYCANE		AT WORK Street Worthington Ave., Glyndon, Baltimore, Md. 22e Certify that Took charge of the remains described obove, held an Autopsy X , Inspection									
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH	4	EXAMINER'S NA (TYPE OR PRINT)	Dell		<u> </u>	CELLEGE	_ADDIKE 33		et, Balti	maee, Md.	
BP BP	230 8	URIAL, CREMATIO SPECIFY) Burial	N, REMOVAL	Apr. 30,]	Selection of the select		or CREMATORY emorial Ga	23d LOCATIO		arroll,	STATE d.
DHMH - 17 (VR A15 ME (5))	14.7	W7- EJ	Please	11	gs Mills, N	id.	250. AP	R 2 8 1983	RAN (2/6 REGISTRA	Sheet	1

Lathleen Anne

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Barrell

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Amate band Const

- Lagel Assistant | Law

2401S Appeloome Nev

Musich Darley Arolun George J. Dovie Jarie bure, Mc. 21018

Burtel Larden Wespitel Stergmeen Memorial Serdens Sicksburg, Carroll, Mr.

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MPORTANT: If Hem 21 is marked ar Hem 18 sh

STATE OF MARYLAND	25%
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF BEATH	

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	1-	1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE S S J 9 / CERTIFICATE OF DEATH REG. NO.							
-		CEASED NAME	FIRST		MIDDLE		A51	20. DATE OF DEAT		DAY YEAR	26 HOUR	
	,,,,,	Sara		ah Jane		Heans		April 7th		1983 4:20		
	3. SEX			4. RACE		5 DATE C	OF RIPTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
	2	emale		White		Nov.	10, DAY 1905 YEAR	77 YRS.				
5		RTHPLACE ISTATEORY Maryland	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore City OR COUNTY OF DEATH Baltimore City				
1	10. CI	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUI	PATION OST OF WORKING	LIFE) INDUSTRY		
pd.	USU.	Baltimore	ING HOME OR	CAMER INSTITUTION.	obns Ho	okin:	s Hospital	Fas Mask				
E		al residence (# nurs trate wyland	Harif		Edgewood		13d INSIDE CITY LIMITS?	130. STREET ADDRE	ss Swallow	v Crest	Court	
2	14 FA	Theodore		MIDDLE	Norris		15. MOTHER'S MAIDEN NA	Ann MIDD	LE -	Jones 1A	ST	
2	16a W	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 215-09-1		John T. Thomp	son,Sr.,	DORESS OP	pa, Md, 2 wrher's	21085 Lane	
n :		Conditions, if ony, gove rise to imm couse (a), stating underlying cause	, which mediate ng the last.	(b)	R AS A CONSEQUE	nce of	c Condivingo	risease pathy		20 2 w	xvs eeks	
7	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED	
	CERTIFI	210. ACCIDENT WAS UNI	DERLYING [) 21b. TIME O			21c. HOW INJURY OCCUR	YES NO		YES 🗌	NO [
7		OR CONTRIBUTING		III	M. MONTH DA M.	YEAR 19					7.10%	
Kill-	MEDICAL	21d. INJURY OCCUR	HILE	216. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC.)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
		22s.1 certify that (1) saw the deceas above, (1) (we) (ed alive on	April	19 8	HIV.	nd that in (my) (our) opinion	death occurred on the	ne date and hi	our and from the	, that (I) (we) last e causes stated	
-/		226. SIGNATURE	DU) Bu	nha	m	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN	The DATE	15/83	
-	73n P	BURIAL, CREMATION,	PEAAOVAL	23b. DATE	72, 1	NAME OF C	EMETERY OR CREMATORY	I234 LOCATION				
		Burial	LINOTAL	Apr. 1:			r Memorial Ga		l Air	Harford	d Md.	

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial Apr. 11, 1988 Bel Air Mem. PA. FUNERAL DIRECTOR Howd'ld K. McComas III, Abing'don, Md. 21009

Harford

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
I. DECEAS	ED NAME	FIRST	N	MIDDLE		AST		26. DATE OF D	EATH M	ONTH I	DAY YEAR	26 HOUR
THE CATA		AMELIA	IA A.		HECKATHORN			4 :			2 83 7:	
3. SEX	Female	4.1	RACE Whi	te	5. DATE C		12	6. AGE (IN YEA	RS LAST BIRTHI		IF UNDER 1 YEAR	HOURS MIN.
COUNT	PLACE (STATE OR YELL)	FOREIGN 7b.	CITIZEN OF V	A.	MARRIE WIDOWE	D NEVER M	ARRIED	9. BALTIMORE BALT	IMOR		OF DEATH	MI
Bal	rownorer timore		St.	OSPITAL, NURSIN FRACILITY, GIVE STREET A Agnes Hos	odress)		ITUTION	17e. USUAL OG (TYPE OF WORK F Home		WORKING LIF		OF BUSINESS OR
Mar Mar	yland	13b. COUNTY		GIVE RESIDENCE BEFORE 13t. CITY OR TOWI Arbutus	N			1318 S	odress Steven	ns Av	enue	21227
14. FATHER	r's NAME FIRST Conrad	MID	DLE	LAST Mey	er		MAIDEN NA/ Barbara		MIDDLE		Un	known
	NO .	(IF YES, GIVE W		217-38-		George		eckathor	address 13			1227 Ave.
Co go cai	18 CAUSE OF DEATH lEnter only one couse per line forms, 1b) and 1c. PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A COPSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								SETWEEN	IMATE INTERVAL ONSET AND DEATH		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND THE TERMINAL DISEASE OR CONDITION GIVEN Dielgels Wellie									EN IN PART 11	a,		
CERTIFICATION 130° 1	DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			20e AUTOP		IN CERTIF	, WERE FINDI YING CAUSES S	
00.4	OR CONTRIBUTION CONTRACTOR DE ATTO MOUNT A.M. MONTH					DAY YEAR 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART 1 OR PART 2)						
	OR COUNTING IN THE COURT OF DEATH OF THE COURT OF DEATH OF THE COURT OF DEATH OF THE COURT OF TH			216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		216 LOCATIO STREET	N		CITY OR TOW!	N	COUNTY	STATE
220.	I certify that (I saw the decease abave, (I) (we) (sed olive an	4-2	deceased from 19 8	19 83 and that in (my) (aur) apinion deci					e ond hou	-	that (I) (we) las causes stated
72h.	SIGNATURE		11	0		DEGREE	TIENDING	AAEDIC AI	CYAFF			SIGNED

IMPORTANT: If hem 21 is 730. BURIAL, CREMATION, REMOVAL Burial BP.

4/5/83

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

22e ADDRESS

23d. LOCATION Baltimore

Maryland

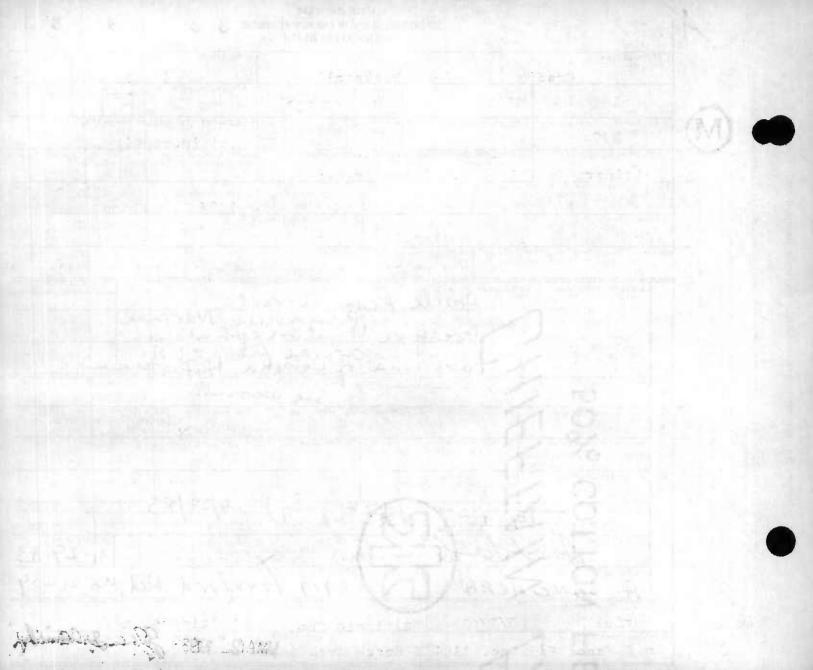
24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 250. RESISTRAR'S SIGNAPURE

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A	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8 3	0 9	183	
e =		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	-
pode 3 deoth 3		Grad		Heck	stall		4 28	83	٨
Ter o	3. SE	Male	Black	5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDI	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN.	_
(M)	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	7b. CITIZEN OF WHAT COU USA	MARRIE WIDOWE	NEVER MARRIED				-
lod view		altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 1414 N. M	NURSING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION 12b	S. KIND OF BUSINESS OR DUSTRY	
orld be	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c, CITY O	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS	? 13e. STREET ADDRESS 1414 N.	Miltor	21213	-
l ond 2 sh		THER'S NAME FIRST	MIDDLE LA	stall	15 MOTHER'S MAIDEN FIRST Hanah	NAME	Cooper	LAST	-
dicol dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	ESS		-
Poges		NO		07-3100	Rebecca	Heckstall	1414 N	. Milton	A
Then please remove corb or to burial, cremotion, or a y injury, or other troumatic	TION	Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIN	SLLY Q ISEQUENCE OF I NO MA	NOT RELATED TO THE TO	the Hype	A touch in DITION GIVEN IN		=
E ber	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO		200 AUTOPSY? YES NO	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH? NO [
the burial-transit and Mental Hygie and Arental Hygie and are tem 18 sho	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211. LOCATION STREET	CURRED (ENTER NATURE OF INJUI		DUNIY STATE	
denothed for use os are Deal, of Health VI, If Nem 21 is mar		27e. I certify that (I) (the bace saw the deceased alive on above, (I) (we) (did) (did no 17th SIGNATURE	the deceased the deceased to view the body after death	19 8 3 or	DEGREE	on death occurred on the do	FF 21	from the couses stated TL DATE SIGNED	
should be a with the Sto IMPORTAN		A. SANG			6919 F	terford	Rd, M	421234	
		BURIAL CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	5/2/83		ore Cem	Baltimo	re Md.	off STATE	
16 50M 4/82 A 15, 4)		m C March F/1	Inc. 1101°	E Nort		AAY 2 1983	OF CHARS	Frank	



X	1.	FOR STATE REGISTRAR		DEPARTN	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	09784
	1 DE	CEASED NAME FIRST		MIDDLE	ŁA	57	20 DATE OF DEATH MONTH	DAY O YEAR 26 HOUR
	_	GAI	RLAND	I.		BOWE R	APRIL 5, 1983	09:51RM
E C	3 SE	Male	1. RACE		5. DATE OF	ot. 23 1918		MONTHS DAYS HOURS MIN.
	Ja Bi	RTHPLACE (STATE OR FOREIGN	Wh I t	WHAT COUNTRY?			9. BALTIMORE CITY OR COUNT	Y OF DEATH
289		confin. Va.		U.S.	WIDOWED		BALTIMORE CI	TY MD.
_ 3 13		SALTIMORE	#F NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	TTO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Management	IZE. KIND OF BUSINESS OR INDUSTRY Robinson
24 hours in filled in ould be	13a. S		OUNTY efferson	13t. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Box 56	99999
E, MARYLAND 2 cuted with 24 ho completely filled i	14. F/	GAY I and	WIDDLE	Herrleb		15. MOTHER'S MAIDEN NAM	ME	West
SALTIMORE, MARYLAND 2120 cote be executed within 24 hours. ysicion and completely filled in by opers. Pages 1 and 2 should befill vol. it, the predical experimes mast be for	16a V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	232-46-3		Mrs. Elsie M		Box 56 Rippon, W.Va.
es that the death certificated by the ottending phy please remove carbon pural, cremation, or remo	NOI	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	DUE TO, C DUE TO, C be be t. (c)	DR AS A CONSEQUE DR AS A CONSEQUE METAL	NCE OF NCE OF THE THE	Causino I d	INAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHILS Month 2 years VEN IN PART IIG
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir rate this certificate has been sig wher this certificate has been sig st the buriol-transit permit. Then th and Mental Hygiene prior to b orkedor hear 8 shows any injury	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH	OPERATION		YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
ON OF VITAL HYSICIAN: The ding physicion is certificate I buriol-transif Mental Hygie	MEDICAL CE	710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	m. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
IVISIOI AG PHY aftendi ter this is the bu h and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EAT HOME ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	ZII LOCATION STREET	CITY OR TOWN	C 2
END!		22a.1 certify that (I) (this	en mi	9 19 (March 53. one	that in (my) (our) opinion	death accurred on the date and ha	, 19, that (I) (we) last our and from the causes stated
TAL OR ATT by the hasping the hasping the hasping deteched for deteched for the Dept. of the m 2		22b. SIGNATURE	Bue	sel-	mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	221 DATE SIGNED
TO HOSPITAL efained by the TO FUNERAL should be detained by the State with the St		Phil		cher		27e ADDRESS JUHW	5 HOPKIWI	HUIPITIAL
999999		BURIAL, CREMATION, REMO				METERY OR CREMATORY	Chartes Town	Jeff. W.Va.
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35 man		LRESIDENCE (# NURS ATE ryland	13b. COUN	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEF 13c. CITY OR TO Baltin		13d. INSIDE (NO [13. STREET 1932	ADDRESS Spons	on Str	eet 2	21230	
12 sh	14. FA1	HER'S NAME	Young	gbaue Yo	ngbauer		15. MOTHER	S MAIDEN NA	ME	WIDDLE		177	ST	
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edicol		AS DECEASED EVER S. NO OR UNKNOWN) NO		MED FORCES? E WAR OR OATES)	166 SOCIAL SE		17. INFORM			ADDRE				010
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aste has been signed noist permit. Then pled ygiene prior to burial shows pay injury, or	CERTIFICATION	PART 2 OTHER SIGN PO. DATE OF OPERA	ATI:	ONDITIONS CO	ONTRIBUTING T				200 AUTO		20b. IF YES,	WERE FINDI	NGS USE	TH?
OI W		210. ACCIDENT WAS UNE OR CONTRIBUTING (CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTERNA	ATURE OF INJUR	RY IN ITEM TB PA	RT I OR PART 2)		
rked or them	MEDICAL	21d. INJURY OCCURI	RED	21e PLACE			21f LOCATI	ON		CITY OR TO	wn	COUNTY		STATE
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should be det with the Stote IMPORTANT:		M. Z	IME	1166	MO		333	SAL	VT,		2 /	2		
	(5	JRIAL, CREMATION, PECIFY) Burial	REMOVAL	23b. DATE 4/25/8		New Cat		Cemete	ry Ba	oriown 1timo	re	COUNTY	Mary	l'an
16 50M 4/82 A 15, 4)		bard Fune	ral H	ome, In	c. 4107°	°Wilker	21229 s Ave.	250. DAT	PR 22	1983	25b. (ELSISTR	AR'S SINA	Phu	4

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6	1	FOR STATE REGISTRAR					IARYLAND I AND MENTAL HY E OF DEATH	GIENE 8	3	0 9	186
		CEASED NAME	FIRST	MIDDL		LAST		20. DATE OF D	REG. NO.	ONTH DAY Y	YEAR 2b. HOUR
deoth deoth	(TYP	OR PRINT)	EVA	9.		HE	ISE		4.	-26-83	XXXXXXXX
	3. SE		4. R	ACE	5	DATE OF BIRTH	Н	6. AGE (IN YEA		AY) IF UNDER	DAYS HOURS MIN.
MAL.		Female		White		7-21-	-1890	94		YRS.	
-0-	70 B	RTHPLACE (STATE OR FOR	EIGN 7b (U.S.A.		MARRIED N	DIVORCED	9. BALTIMORE		county of dea	
With the same	100	TY OR TOWN OF DEATH	1 11.	NAME OF HOSE	PITAL, NURSING	HOME OR OTH		12a. USUAL OC	CUPATION	12b. K	CIND OF BUSINESS OR
		Balto. Md.	/		rurch Ho.	spital		Monumer			Retired
ap 35	130.	AL RESIDENCE (IF NURSING	Balt	13с.	RESIDENCE BEFORE AD CITY OR TOWN		ISIDE CITY LIMITS?	13e. STREET AD	. 6 7	3 / 1	21206
52 34 17	14. F/	THER'S NAME					OTHER'S MAIDEN N.	AME	Col	Nerleath	re Apt. 0
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dico des		VAS DECEASED EVER IN	U.S. ARMED	R OR DATES)	SOCIAL SECURIT		FORMANT		ADDRESS		21214
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emovol.		18. CAUSE OF DEATH	Enter only of				EATLUDE D	III MONTEDIA	EDEM		TWEEN ONSET AND DEATH
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ation, or of troumatic		7 - 1			A CONSEQUENCE						
		Canditions, if any, v gove rise to immed	diote								
ial, crem		cause (a), stating underlying cause	the last.	DUE TO, OR AS	A CONSEQUENC	LE OF				8.44	
y S	7	PART 2. OTHER SIGNIF	ICANT CON	IDITIONS CONTR	RIBUTING TO DEA	TH BUT NOT R	ELATED TO THE TER	MINAL DISEASE (OR CONDIT	ION GIVEN IN PA	ART 1(0
F	CERTIFICATION	19g. DATE OF OPERATIO	SN1	In contribution	1500 14000000000000000000000000000000000	EDATION LAMA	BEREORLIER	20a AUTOP	. V2	OL IF VES WERE	Ship in to a second
ne prio	FICA	ING. DATE OF OPERATIO)N	198. CONDITION	I FOR WHICH OF	EKATION WAS	PERFORMED		- 1		AUSES OF DEATH?
0 0	ERT	210. ACCIDENT WAS UNDER	LYING	21b. TIME OF IN.	JURY	2)c. H	IOW INJURY OCCU		10 X	YES	NO 🗆
Mentol Hyg		OR CONTRIBUTING CAL			MONTH DAY	YEAR					
Ment or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		P.M. 21e. PLACE OF IN	NJURY	19 21f LC	OCATION				
olth and M marked or	N N	WHILE NOT WHILE		(AT HOME, STREET, F.	ACTORY, OFFICE, FARM	, ETC)	STREET		ITY OR TOWN	COUN	NTY STATE
	19	22a.1 certify that (1)	us hospital)	attended the dec	eased from	4-20-	19. 83	to 4-	26-	, 83	, that (M (wa) last
of He		saw the deceased	alive on Z	1-26-	19 8	3_, and that	in (my (aur) opinion	death accurred	on the date	and hour and fra	
hed feet.		22K SIGNAJURE	(aid not) vii	ew the bady after	degth.	DEGREE				220	MATE SIGNED
Y A		The ma	ARC	Lick	W.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	NO 4	1-126/83
should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAM	TYPE OR PALI	NT)	-3-	220 A	DDRESS CHUR			ORPORATI	ON
with the State		DR. IMPAGLI	ATELL 1	WALKER	M.D.	10					ND 21231
\$ 3 ≧		BURIAL, CREMATION, RE		3b. DATE			RY OR CREMATORY	23d. LOCATI	ON	COUNTY	
		Burial		4-29-83	10	don Au	k Cemeter		1ta	AH-	STATE
50M 4/82	24 F	UNERAL DIRECTOR					250. DA	WE REC'D. BY REC	ISTRAR 25h	REGISTRAR'S SI	0 . 0
5, 4)		John C. Mi	Uer I	nc-6415	Betair 9	d2120	26 1	V A 108	33	John &	. Carrell

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STATE OF MARYLAND

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y the attending physician and comple is remove carban papers. Pages 1 and

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

ATTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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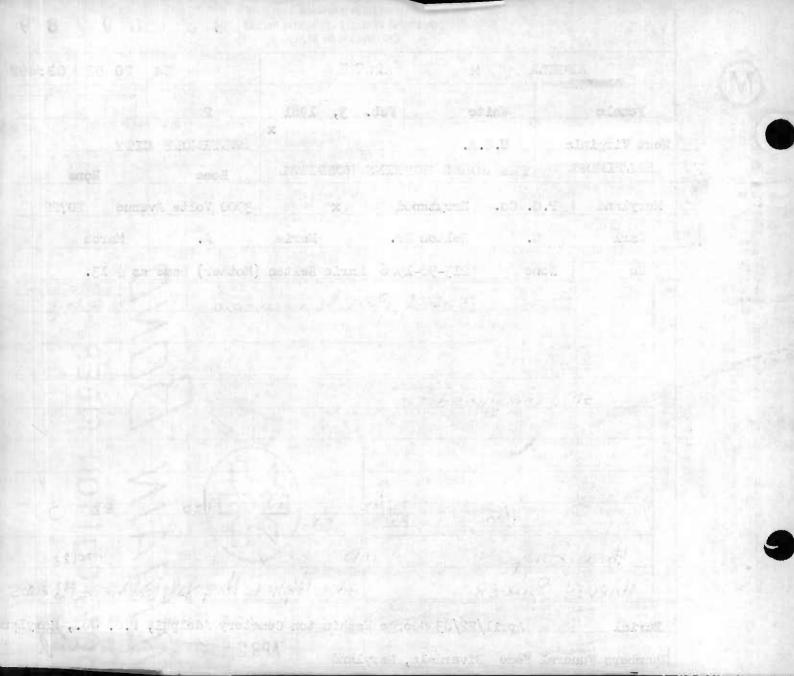
	CEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE	70 m.m	IGELA	M	HELTON		04	20 83	03:49
3. SE)		4. RACE	+0	5. DATE OF BIRTH MONTH DAY YEAR TOOLS TOOLS	6 AGE (IN YEARS LAST BIR		MONTHS DATS	1F UNDER 24 HRS HOURS MIN.
We	Female IRTHPLACE (STATE OR FOR COUNTRY) St Virgini	a U.S	F WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O			MI
5	BALTIMORE	THE	TOHN'S HOL	PKINS HOSPITAL	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O None			F BUSINESS OF
130 S		P.G. CO.	Brentwoo	VN 13d. INSIDE CITY LIMITS YES M NO	3900 Volta	a Aven	nue 2	0722
4	Carl	D. MIDDLE	Helton &		A. MIDDLE		Marsh	1
	NAS DECEASED EVER I YES NO OR UNKNOWN) NO	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) None	213-98-1		n (Mother) Sa		# 13.	
	4850 Conditions, if ony, gove rise to imm	which (b)	OR AS A CONSEQUE	ENCE OF	mobia		68	rade
rion	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	MMEDIATE CAUSE (o) DUE TO, which lediate g the last. (c) UIFICANT CONDITIONS.	OR AS A CONSEQUIOR AS A CONSEQUION CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONF	DITION GIV	/EN IN PART 110	es de
TIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	MMEDIATE CAUSE (o) DUE TO, which lediate g the last. (c) UIFICANT CONDITIONS.	OR AS A CONSEQUIOR AS A CONSEQUION CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONE 200. AUTOPSY? YES NO	20b. IF YES	VEN IN PART 110	GS USED
ICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UNDION OR CONTRIBUTING CIFETHER, NOTIFY MEDIC	MMEDIATE CAUSE (a) DUE TO, which lediate g the last. (c) IFICANT CONDITIONS, ION 19b CON ERLYING AUSE OF DEATH HOUR AL EXAMINER)	OR AS A CONSEQUIOR AS A CONSEQUIOR OF AS A CONSEQUIOR OF INJURY A.M. MONTH D. P.M.	ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TO OPERATION WAS PERFORMED AY YEAR 19	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FIND IN FYING CAUSES	GS USED OF DEATH?
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DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Chambers Funeral Home Riverdale, Maryland

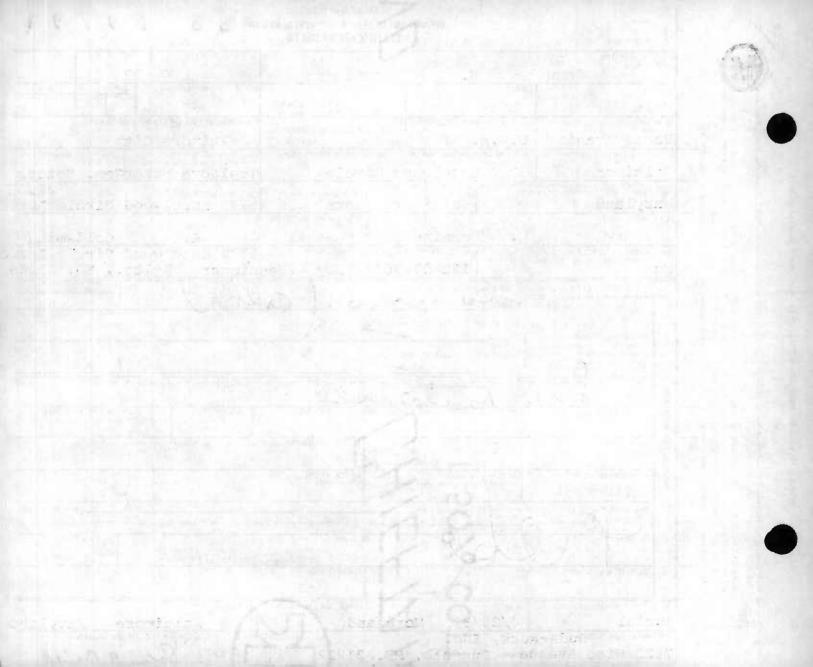
APR 2 5 1983



lot	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	9 7 9 0
	DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
15.5		ena V.	Hembry	April 24	1983 3.30
3	. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Black	9 26 13	69 YRS.	MONTHS DAYS HOURS MIN.
7.4	Maryland	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED A DIVORCED		
3	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	Baltimore C-	126. KIND OF BUSINESS OR
5	SUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY Baltim	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Ave. 21216
7	Charles	MIDDLE LAST Evans	15. MOTHER'S MAIDEN N Bessie	AME MIDDLE	Topping
1	(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 16b. SOCIAL SECU 2 1 3 - 2 0 -		ADDRESS en 2311 Arunah	
-	Canditians, if any, wh gove rise to immedicate (a), stating underlying cause to PART 2. OTHER SIGNIFIC	the DUE TO, OR AS A CONSEQUE	ure disorde	MINAL DISEASE OR CONDITION G	
1	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES NO
0.49	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EL 21d. IN JURY OCCURRENT AT WORK AT WORK	E OF DEATH HOUR A.M. MONTH DA (AMINER) P.M. 210. PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2) COUNTY STATE
		haspital strended the deceased from live an 19 2 and 19 2	, ond that in my (aur) apinion	3, to 7/2 y	ur and from the causes stated
MPORTANT: # #em	Cheryl & 22d PHYSICIAN'S NAME CHERYL	L NEWMAN	ATTENDING PHYSICIAN 220. ADDRESS JOHNS X	MEDICAL PHYSICIANS HOPKINS HOS	1/24/83 PITAL
IMPORT.	30. BURIAL, CREMATION, REM BURITAL	OVAL 236. DATE 4/30/83 A	AME OF CEMETERY OR CREMATORY rbutus Mem. Pk		COUNTY Md STATE
	4. FUNERAL DIRECTOR	E/H Inc. 110 topress	Nowth Ave	PER 2 6 1983 AR 256	COACS JON AT THE

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	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND		REG.	NO	9 /	7
		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH		YEAR	26 HOUR
	TITPE	Samu	el	W.	Her	ninge	r		4 22	83	
	3. SE	X	4. RACE	47	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	Ma	le	White	9	3 MONTH	25	1916	67		NTHS DAYS	HOURS MIN.
916		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNT	RY? 8	DXXNEVER /		9 BALTIMORE CITY	1110.	FDEATH	
510		nnsylvania	U.S.A	A.	WIDOWE		VORCED	Baltimo	re Cit	V	MD.
Ped A	10 C	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NUF	SING HOME C	OR OTHER INS		12a USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
	Ba	ltimore	5739	Hazelw	ood Ci	rcle		TOOL&Dye			Motors
2	USU.	AL RESIDENCE (IF NURSING HOME) TATE 136. CO	E OR OTHER INSTITUTIO	13c CITY OR T	FORE ADMISSION)	13d. INSIDE C	TTV I IAAITCO	13e STREET ADDRES		-	2120
5	Ma	ryland	,,,,,	Balti	more	YES XX		5739 Haz	elwood	Circ	
nine	14) FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			
Se Co		Ray	C.	Hennin	ger	Ma	bel	A .		Cold	dsmith
100		VAS DECEASED EVER IN U.S.	ARMED FORCES		ECURITY NO.	17. INFORMA	INT	5739 Haz	Elwood	Circ	le Apt
medicol	No		, GIVE WAR ON DATES)	162-0	7-9641	Ruby	A. Her	nninger	Balto	. ME	2120
å l		18. CAUSE OF DEATH (Ente	only one couse o	erline for (a). (b)	and (c).))	7)	/		MATE INTERVAL
vent,		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	JSED BY:	-on	on	00	Cx	In/		BEIWEEN	INSEL AND DEATH
atic e		1537 MMEL				/					
nmo	BJ	Conditions, if ony, which	DUE TO,	OR AS A CONSE	OUENCE OF		1			-41.00	
r tro		gove rise to immediate cause (a), stating the)								
other	4	underlying cayes lost.	DUE TO,	OR AS A CONSE	QUENCE OF						
y, or		PART 2 OTHER SPANIFICAN	NT CONDITIONS	CONTRIBUTING	O DE ATHIBUT	NOT RELATED	TO THE TERM	UNAL DISEASE OR CO	NDITION GIVEN	IN PART 14	
n ury,	NO.	DV.	IN A	a V	000	00-					
10	CERTIFICATION	HE DATE OF OPERATION	196 CON	DITION FOR WH	ICH OPERATIO	WAS PERIO	RMED	200 AUTOPSY?	20b. IF YES, V		
1/	H							YES [] NO[]	IN CERTIFYIN		OF DEATH?
90	CER	Zia. ACCEIENT WAS UNDERLYING		OF INJURY		ZIE HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	10.77.18	well	
19	¥	OR CONTRIBUTING CAUSE OF UF SITHER, NIGHTS MEDICAL EXAM	Market A.	A.M. MONTH	DAY TEAM	Mar.					
/	MEDICAL	714 INJURY OCCURRED	71e. PLAC	OF INJURY		2H. LOCATIO		- 25650	ana	of the latest	Done
	×	WHILE O NOT WHILE O	INT HOME	TREET, FACTORY, OFFI	CE, FARM, ETC.)	579657		CITY OR	IOWH .	COUNTY	STATE
0	1	22s.1 certify/ther_ill (this he	spital attended	the deceased fro	m		19	fo	10.		that (I) (we) last
21.5		saw the accessed alive above. If we land idid	00/	le attended 15		d that in (my)		death occurred on the			
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- STATE

REGISTRAR

Mount Auburn Cem.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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26 HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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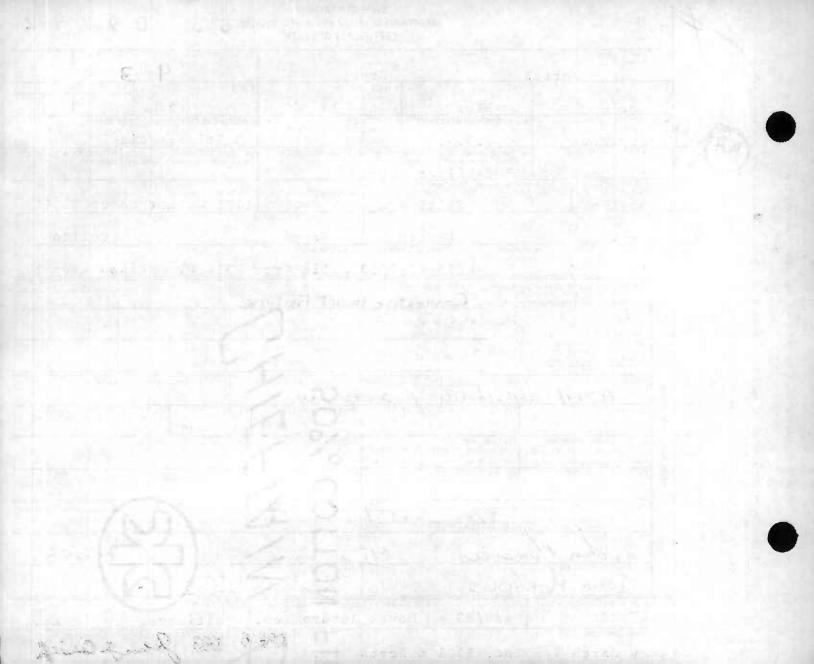
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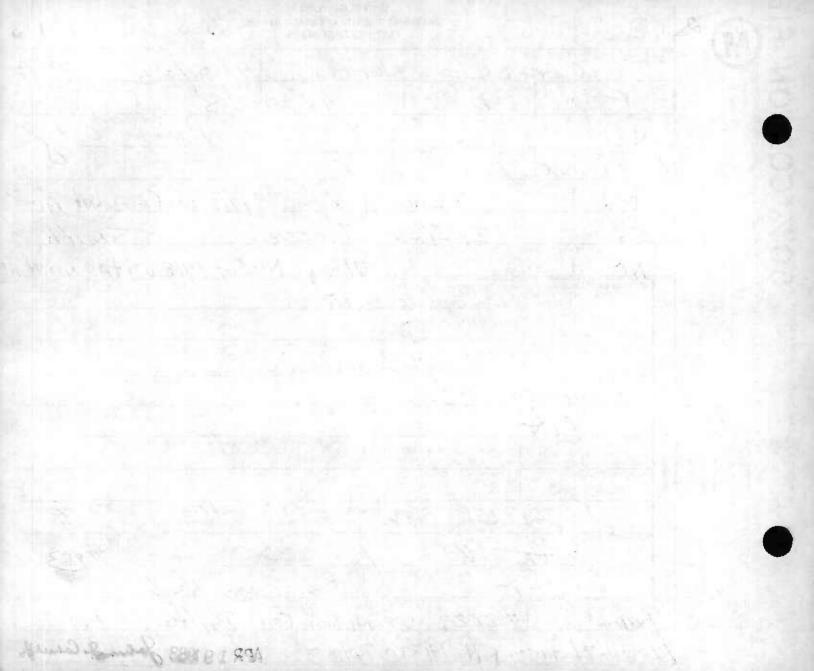
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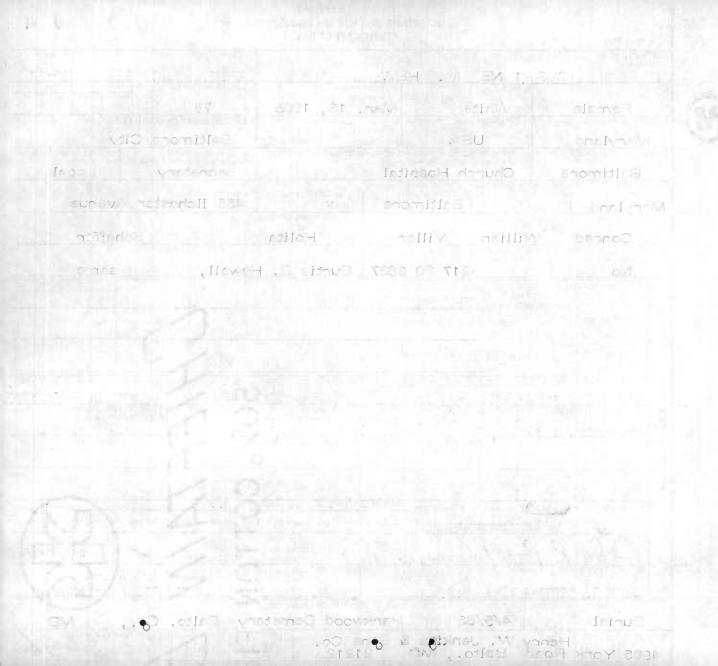
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DIVISION OF VITAL RECORDS,





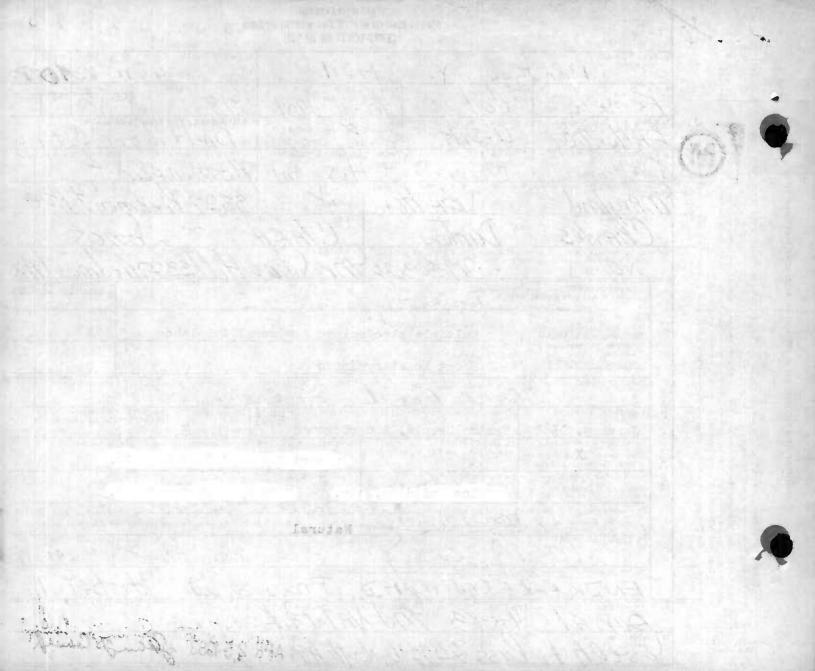


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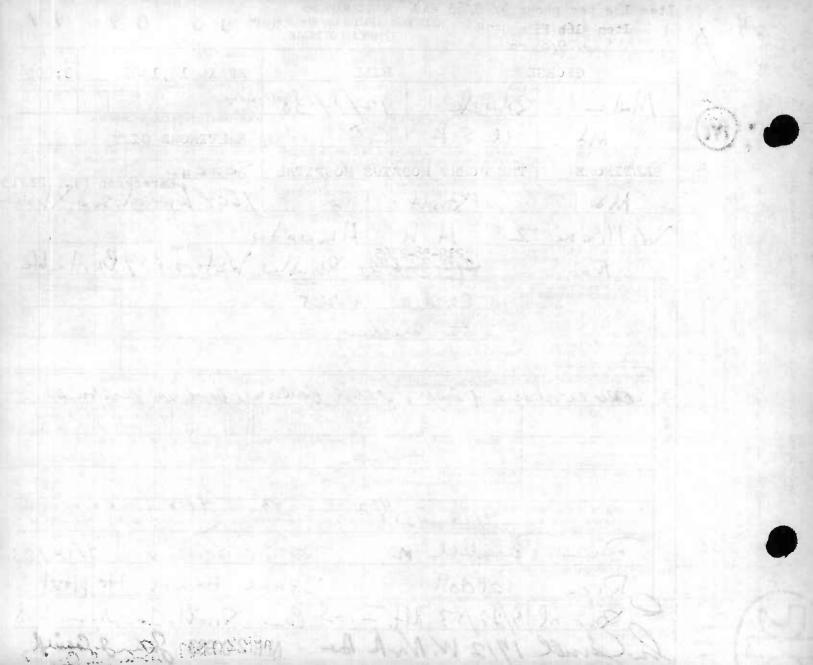
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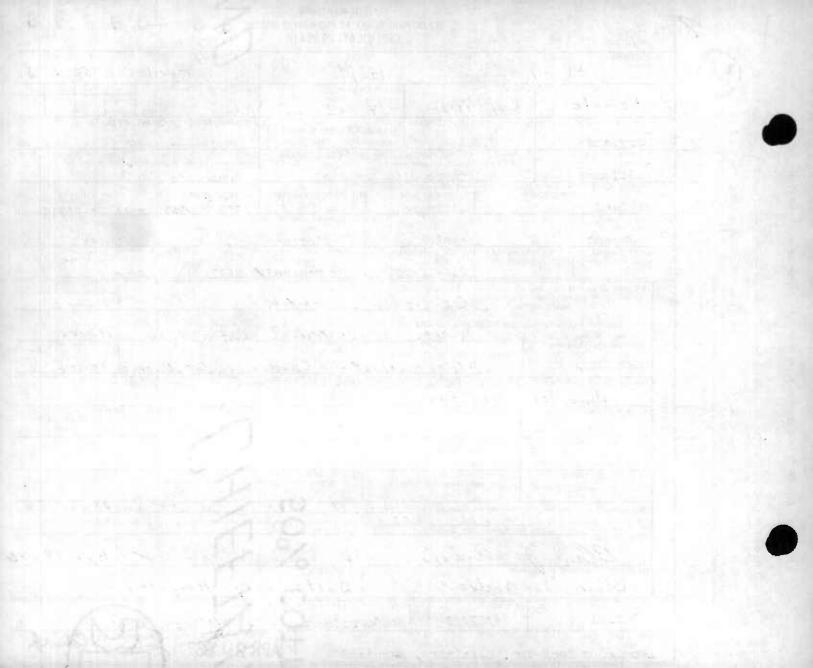
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OR: Al		270.1 certify that (I) (this hospital) attended the deceased from 3 2 2 3 19 8 3 to 4 - 11 19 8 3 that (I). (sow the deceased alive an 10 10 11 19 8 3 and that in (my) (our apinion death occurred on the date and haur and from the causes st above, (I) (we) (did) (did not) view, the body after death.
OR AT DIRECT Doched fo Dept. o		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P 221. DATE SIGNED
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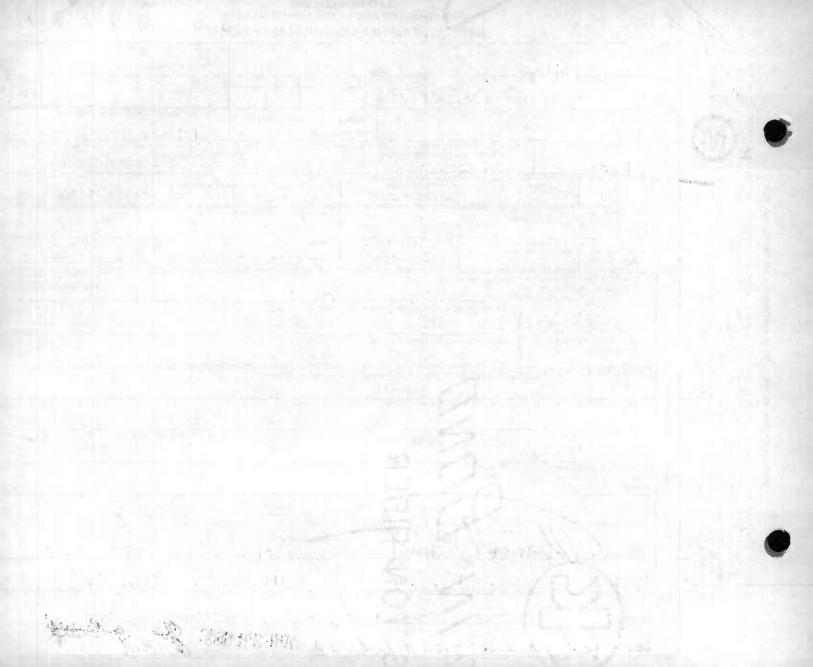


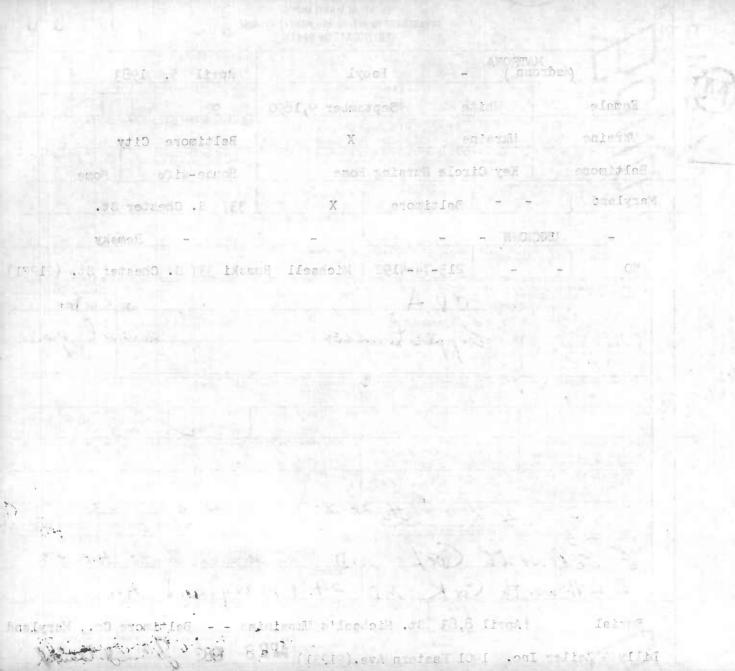
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20M 4/82





Nicholas T. Matthews, 3021 Fastern Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

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Leonard J Ruck Inc. Baltimore, Maryland

FOR

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DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

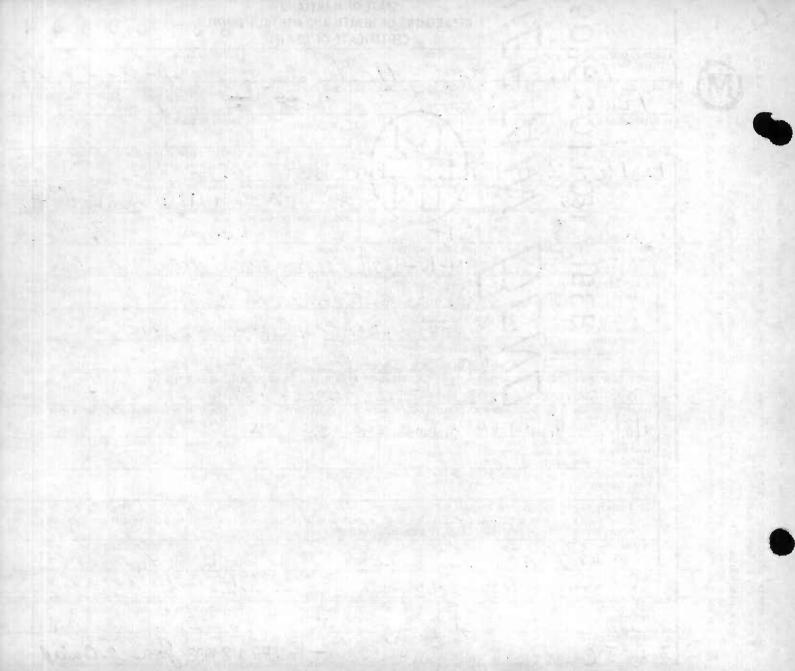
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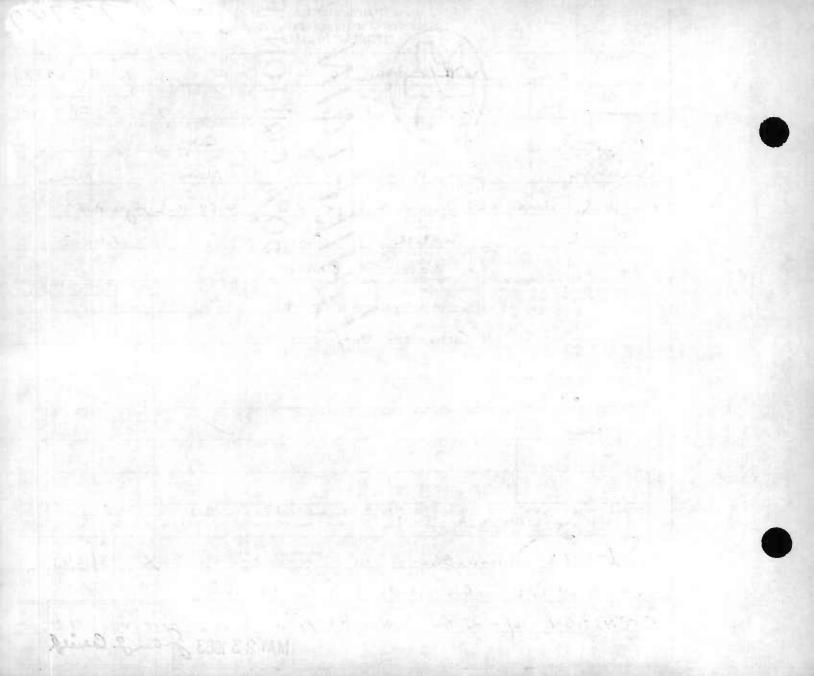
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 PHYSICIAN: The law requires that the death certificate be executed within 24 may an attending physician. This certificate has been signed by the attending physician and campletely filled in this certificate.	2500	Laura & Bond									
IMOR	- /	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates at service) Address 2.1.2.2.7									
be n or	papers.	No de de 35 Lancia Wall 1109 Linden live									
BAL ite b		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH									
STREET, BA	any ev	PART I. DEATH WAS CAUSED BY: LL 1 2 IMMEDIATE CAUSE (a) TEREVERSIBLE CARDIOGENIC SHOCK									
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orres th	. 6	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
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0	and M	22d. PHYSICIAN'S D. O. C. C. LEE C. 22e. ADDRESS 6911 PARK HET SUFER AVIET									
d b	9 £	NAME (Type) GARTH A-S. SANCUERS BALTINORE XXX 21215									
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To H	sho	REMOVAL (Specify) 4-12-1983 Just Coneters (Saltimore Ind.									
	/71 0044	24. FUNERAL DIRECTOR 34 ADDRESS 250. REC'D BY REGISTRAR 256 SEGISTRAR'S SIGNATURE									
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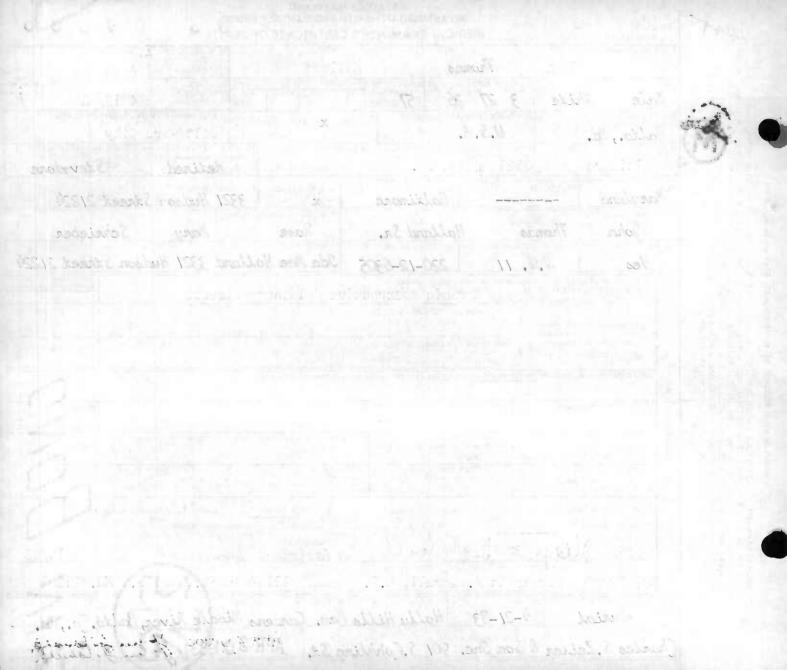


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 5 0 9 8 0 5 CERTIFICATE OF DEATH REG. NO.								
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by the fune filed within				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					TYPE OF WORK FOR MOST	OF BUSINESS OR		
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oe execut n and co Pages 1		VAS DECEASED EVER IN VES NO OR UNKNOWN)	U.S. ARME IF YES, GIVE W.		166 SOCIAL SECT		17 INFORMANT Chart		ADDR	ESS		
requires that the death certificate en signed by the attending physici t. Then please remove carban paper or to burial, cremation, or removal. y injury, or ather traumatic event, the	rion	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10										
os be permis ne pri	CERTIFICATION	190. DATE OF OPERATION	7	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO	IN CERTI	S, WERE FINDING YING CAUSES	OF DEATH?
YSICIAN: The ding physician is certificate hourial-transit parties and Mental Hygier of them 18 show		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
uG PHYS ottendin ter this s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM ETC }	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ATTENDIN sspital or ECTOR: Af d for use o d for use o T. of Health		27a.1 certify that (1) (this haspital) attended the deceased from March 16 19 83 , to March 16 19 83 , that (1) (we) last saw the deceased glive an March 16 19 83 , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did did not) view the body after death.										
O HOSPITAL OR AT strained by the hosp CO FUNERAL DIRECT with the State Deep confine the confine		22d. PHYSICIAN'S NAM	E LITPE OR PR	ann	plse		22e ADDRESS	CIAN [] [MEDICAL STA	FF	3/16	SIGNED 18/3
TO HOSP retained TO FUNI Should by with the	23a E	SURIAL, CREMATION, RE	-	236 DATE		NAME OF C	EMETERY OR CREMA	Has	23d LOCATION	۲	COUNTY	A STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	JNERAL DIRECTOR	M	4-2	ADDRESS	SIME	Hospit	MAYE 2	3 1983	LIST REGIST	rgs Com	T. D.



20M 4/82



STATE OF MARYLAND

- STATE REGISTRAR			DEFARIA		ICATE OF DI		PIENE	REG. N	0.	9 6	5 0 /
1 DECEASED NAME	FIRST		MIDDLE		AST		20. DATE			DAY YEAR	26 HOUR
	onald	M	1. He	olman				04	21	83	11:00a
3. SEX	4.	RACE		5 DATE C		1 6 5	6. AGE IN	YEARS LAST BIR		IF UNDER 1 YEAR	
Male		Blac	:k	12	01	YEAR 31	51		YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE C	OR FOREIGN 76		WHAT COUNTRY?	8.				ORE CITY C		OF DEATH	
Maryland		U.S.	Α	MARRIE		ARRIED L	Balti	imore	City		441
10. CITY OR TOWN OF D Baltimore	Wy	NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET I TRK Healt	HOME CADDRESS!	OR OTHER INSTI	TUTION	12a USUA	OCCUPAT ORK FOR MOST O	ON DE WORKING LIE		OF BUSINESS OF
Maryland	13b COUNTY		Baltimo	N	13d INSIDE CIT	Y LIMITS?	13e STREE	ADDRESS	ton A	ve. Ba	lto. Md.
14. FATHER'S NAME FIRST James	MID	DLE	Holma	n	15. MOTHER'S.	RS1	ME	WIDDLE		LA	21223
16a WAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRI	SS Bal	to Md.	. 21223
Yes		II	212-26	-932	2 Ge	neva	Holmo	an	520 1	V. Ful	Lton St
18 CAUSE OF DEA PART I. DEATH Conditions, if on	MAS CAUSED B	Y: CAUSE (a)	line far (a), (b), and Cardio-R RAS A CONSEQUE Metastati	espir	-				This state of the	APPROI BETWEEN	XIMATE INTERVAL NONSET AND DEATH
gave rise to in cause (a), state underlying cau	ting the "	DUE TO, OF	R AS A CONSEQUE	NCE OF							
PART 2 OTHER SIG	GNIFICANT COM	NDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEA	SE OR CON	DITION GIV	EN IN PART I	ra
19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	YES [OPSY?	IN CERTIF	, WERE FINDI YING CAUSES	INGS USED S OF DEATH?
21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH	216 TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJI	URY OCCURI	RED (ENTER N	NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
21d INJURY OCCU	RRED	21e PLACE C	OF INJURY	APM FIC)	211. LOCATION	7		CITY OR TO	WN	COUNTY	STATE

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

22e ADDRESS

and that in (my) (aur) apinian death accurred an the date and haur and from the couses stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

SERVILLAND L. GUNGON

22a. I certify that (1) (this hospital) attended the deceased from.

sow the deceased ofive on 04-21-above, (I) (we) (did) (did nat) view the body after death

04-21-

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

WYMAN PARK HEALTH SYSTEM

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

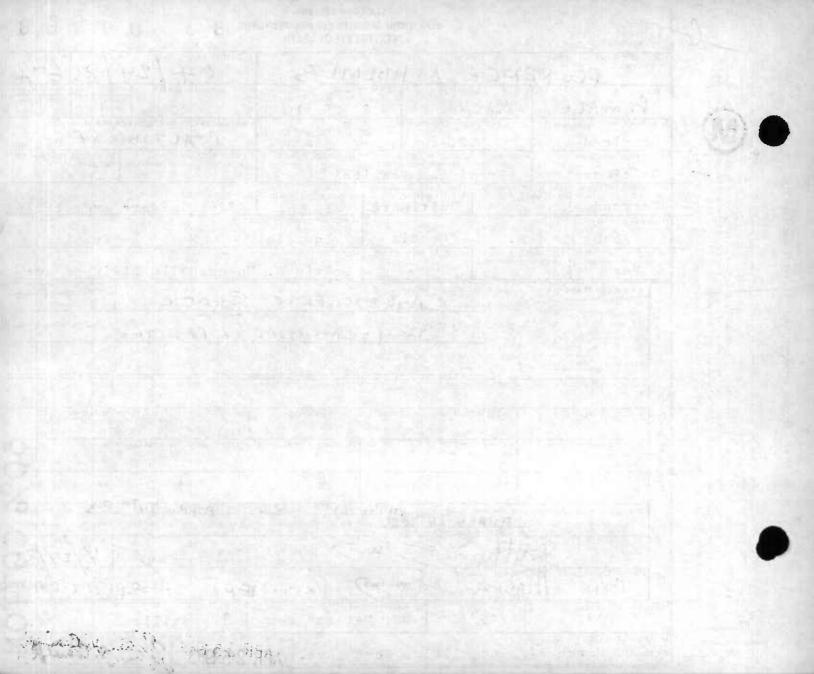
230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Crownsville Nat'l

Crownsville

24 ELINERAL DIRE

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Dundalk, MD. 21222

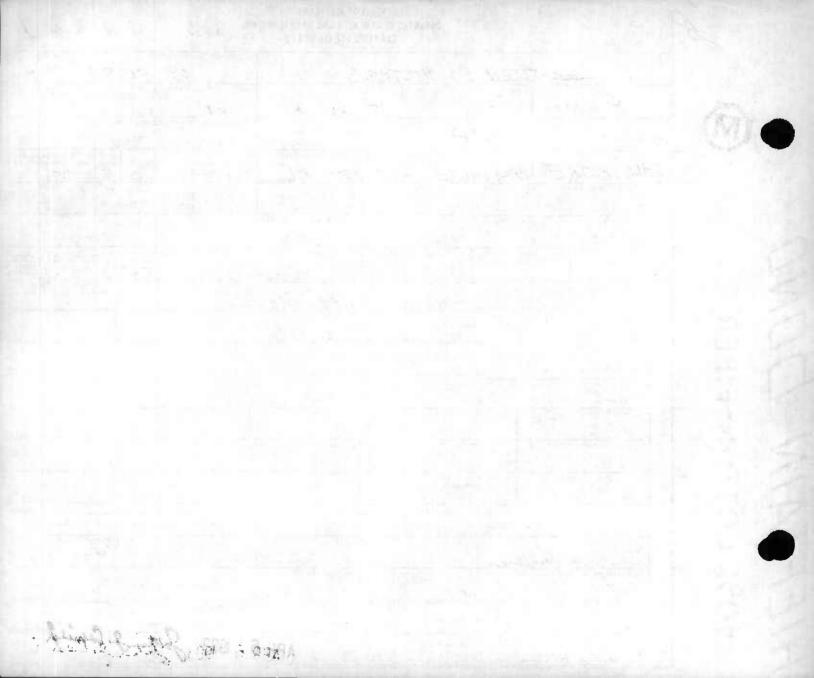
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

7922 Wise Avenue



83 6 AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1121 Roland Heights Ave. Cochran NAME OF STREET 1121 Roland Heights Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PNEUMONIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY and that in (my Cour) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED 236 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Baltimore 4/11/83 Lorraine Park Cemetery Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 A. Alan Seitz, Jr. 3818 Roland Ave. Balto, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO []

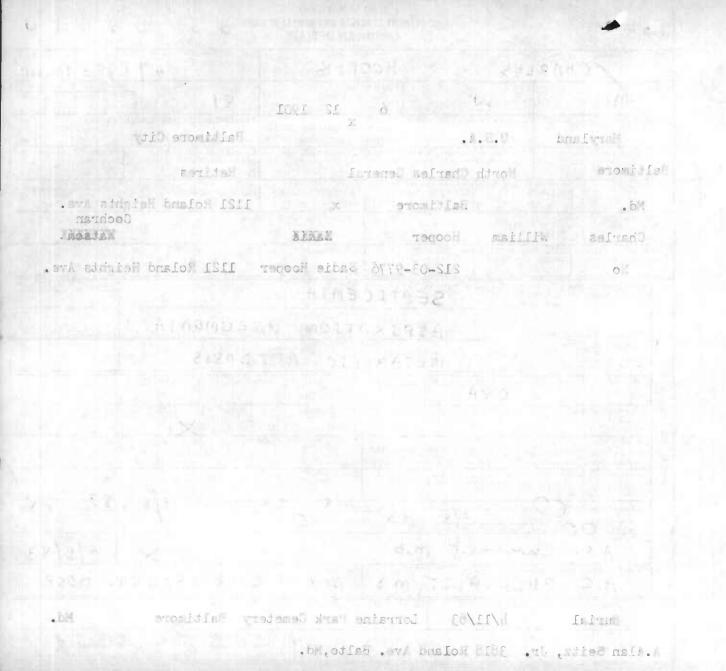
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(VRA 15, 4)

- STATE



20M 4/B2

X				TE OF MARYLAND				
1.	FOR STATE REGISTRAR	DEI		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 5	0	9 3	
	ECEASED NAME ANNI	e T.	H	60Kins	20. DATE OF DEATH		DAY YEAR	26 HOUR
3/SE	Female	4. RACE Black	S. DATE	OF BIRTH DAY 12 DAY VEAR 2	6. AGE (IN YEARS LAST B	_	IF UNDER I YEAR	IF UNDER 24
K	ALD MILES	76. CITIZEN OF WHAT COUP	MARRIE	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY	OR COUNTY fimal		
1/1	Allmore	11. NAME OF HOSPITAL, A	E STREET ADDRESS!	d. Center	120. USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS
130	JAL RESIDENCE (IF NURSING HOME OR STATE AVUIDM	OTHER INSTITUTION GIVE RESIDENCE ITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	INNI	nd 3	1/22
0	SONN	MIDDLE ? LA	ST	15. MOTHER'S MAIDEN NA	elle MIDDLE		FUE	2/
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL E WAR OR DATES)	L SECURITY NO.	Mr. Doris	Jellers,	nw 76	OLIN	212
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY	les terti	Carcine	77		APPROX BETWEEN	MATE INTERVA ONSET AND DE
	Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause lost.	D BY E CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF Ca o	Ca-cibio	AINAL DISEASE OR COL	NDITION GIV		
FICATION	PART I. DEATH WAS CAUSE Conditions, if ony, which gave rise to immediate cause (o), stating the	D BY E CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF SEQUENCE OF		200 AUTOPSY?	200. IF YES	EN IN PART 1	o NGS USED OF DEATH
CERTIFICAT	Conditions, if ony, which gave rise to immediate cause (ol.) storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C	D BY E CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 196 CONDITION FOR V 116 TIME OF INJURY HOUR A.M. MONTI	SEQUENCE OF SEQUENCE OF G TO DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES IN CERTIF YES	EN IN PART 11 , WERE FINDII YING CAUSES S	NGS USED
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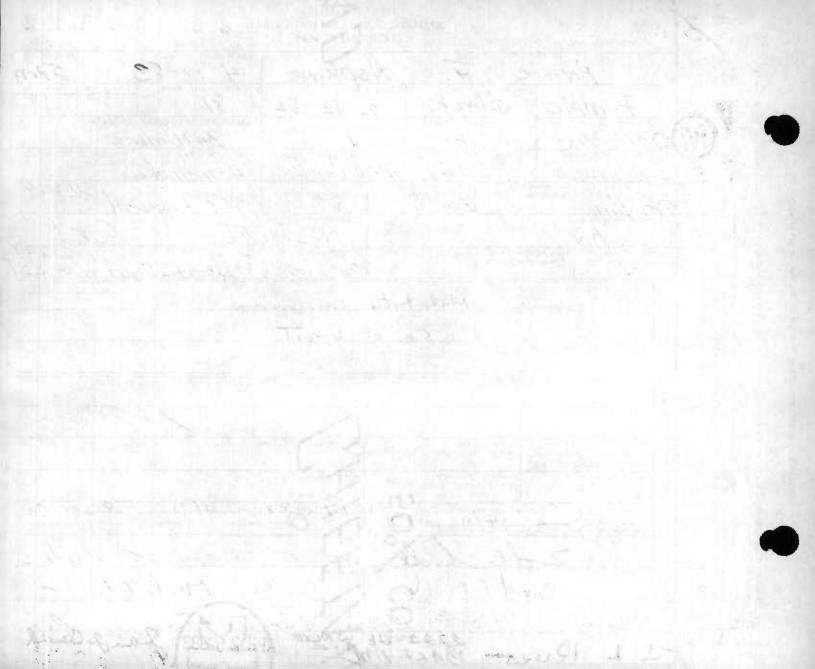
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DHMH - 16 50M 4/82

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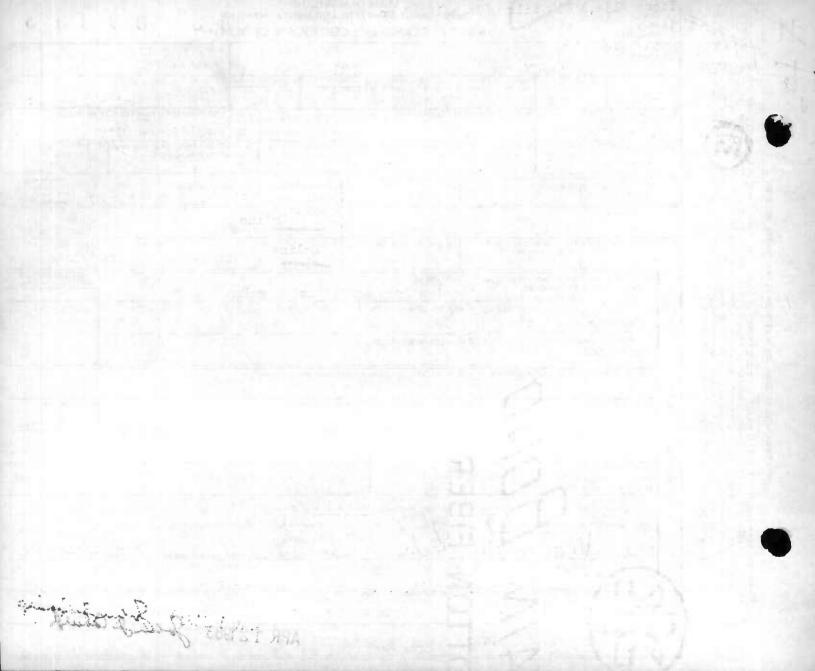
(VRA 15, 4)

24 FUNERAL DIRECTOR



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ORE,	M PM A PM AND 2		James				kins		E	tene	1116					
BALTIMORE	FER DE FORM FORM ON OF THE PRESENTA	16a. V	ES, NO, OR LINKNOW	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SO	CIAL SECURIT	Y NO.	17. INEORA				DRESS			
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	N EXAL		lying cause	e last.	(c)_											9.
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	HIEF W HIEF W USED A OF HEA	CERTIFICATION	190. DATE OF C	PERATION	19b. CO1	NDITION FOR	WHICH OPER	ATION V	WAS PERFOR	MED?				20 AU1	OPSY?	
VII.	SHOWED WORD WORD WITH SHOWED W	E													K I	10 ON
DIVISION OF VITAL	CERTIFICATE SHOULD ITING THE WORD "PI DED TO THE CHIEF I 3 SHOULD BE USED DEPARTMENT OF HE II PRIOR TO BURIAL,	MEDICAL CE		OR G CAUSE OF D	HOUR	P.M.	DAY YEAR			OCCURRE	D JENTER NAT	URE OF INJURY IN I	TEM 18 PART 1 O	R PART 2)		
DIVIS	THIS CER WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OC WHILE AT WORK	NOT WHILE AT WORK		CE OF INJURY FACTORY, FARM, I		211 LC	STREET			TITY OR TOWN		COUNTY		STATE
			220 I certify	That I took charge	e of the remoins	described ob	ove, held on	Autoj	psy XX	Inspectio	n 🔲 .	Inquiry .	ond in my	opinion		
	L EXAMINER: E CERTIFICATE DUID BE FOR LI DIRECTOR: H, WITH THE S	100	death resulted	fram: Natur	al couses XX	Accident	, Su	icide	, Hamic	ide .	Undetern	nined manner				
	WAR WAR		ACTUAL	MANA	2 12	e U/	.00		1	PECIFY)			DA	TE		
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	TO ME EXECU PAGE TO FU AFTER BALTIA	23a. BI		ON, REMOVAL 2	GACLTA J	A. Kore	NAME OF CE	-			Penn S					
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	DHMH - 17	24 FU	JNERAL DIRECT	OR	ADD	RESS	100			250 PATE	REC'S 908	STRAR WA	GETE	SIGNATUR	E	
	(VR A15 ME (5))	Wh	. C. Ma	rch F/H			orth Av	renue	9	MIII	1 5 10	0				

20M 4/82



04-23-83

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

ADDRESS.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

WESTERN CEMETERY

21229

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

MARYLAND

STATE

COUNTY

BALTIMORE CITY

2

22c. DATE-SIGNED

INDUSTRY

21225

WARGA

IF UNDER 24 HRS

FOR

REGISTRAR

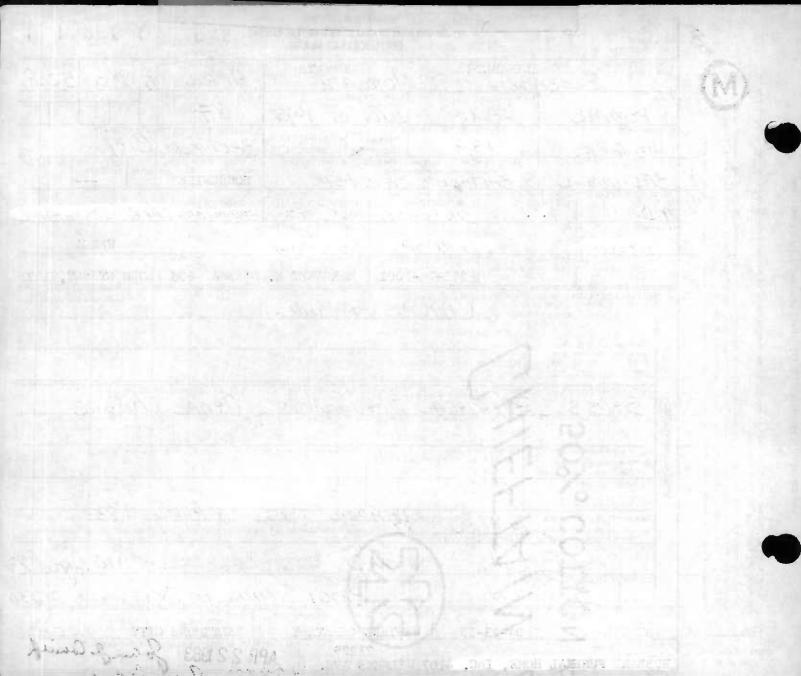
BURIAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE



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. h	SEX	4. RACE	5. DATE OF BIRTH	6 AGE IN YEA	RS IF UNDER 1 YR. IF	UNDER 24 HRS.	2c. DATE		HTMOM	DAY	YEAR	2d. HOUI
13	Ya	le White	9-17-1981	/ YF	ALOMINS DATS	HOURS MIN.	PRONOUNG	LED	4	12 19	83	9:17
de la	BIR	THELACE ISTATE OF	76. CITIZEN OF WHAT C	OUNTRY?	8 MARRIED NEVE	R MARRIED	4 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH	F I
9	1	he	USA	•		DIVORCED		timore			300	MD
7°	CIT	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	ON 12a USI FOR	JAL OCCUPA MOST OF WORKS	ATION (TYPE O NG LIFE)	F WORK	12b. KIND OR ID	OF BUS	Y
01/		altimore /	University	/ Hospita	1	Y	shil	d	119			
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4	1	hd.) calinori	YES A			Oruc	0 .	<i>†</i> .	21.	213
1	. 5	HER'S NAME	Con O	LAST	15. MOTHER	S MAIDEN NAME	MID	DIE	1	LAST	r	
160	n W	AS DECEASED EVER IN U.S. ARA	HED FORCES? TIAN	SOCIAL SECURITY	NO. IL INFORMA	reere		ADDRESS	u	eve	2/2	1.3
	IYES	NO, OR UNKNOWN) I IF YES, GIVE	VAR OR DATES)		The 1	12/	6. 2	1 1	13.		G	1.
F	T	T8 CAUSE OF DEATH (Enter onle	v one cours per line for (o) (b) and (c))	Vrst 1	· ysque	20 2		100	APPRO	OXIMATE II	NTERVAL
		PART I DEATH WAS CAUSED	BY: Dorre	s Syndro	me					BETWEEN	N ONSET	AND DEATH
3		3318 IMMEDIAT	DUE TO, OR AS A				- 1					
		Conditions, if ony, which gave rise to immediate	(b)									
		cause (a) stating the under-	DUE TO, OR AS A	CONSEQUENCE)F							
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	CERTIFICATION	19g. DATE OF OPERATION	Time contribution	FOR WHICH OPEN	ATION WAS PERFORM	502				Tee		
/		INI. DATE OF OPERATION	198 CONDITION	FOR WHICH OFER	ATION WAS PERFORM	ED?				20 AUT		
4		21a EXTERNAL CAUSE WAS	21b. TIME OF INJU	IRY	121c HOW INJURY O	CCLIRRED LENTER	NATURE OF INJUI	RY IN ITEM 18 PAR	I 1 OR PAR		X	NO 🗌
		UNDERLYING OR		NTH DAY YEAR								
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- 1		WHILE DOT WHILE DAT WORK	STREET, PACTORY, PR	Married C.)	STREET		CITY OR TOW	N	COU	NTY		STATE
		/,	at the same of the Co		Appsy X.		, [7				
		220 I certify that I tack chaffed death resulted from Natural	a kouses A	Sur Sur	77	Inspection	Inquiry L		n my opi	nion		
4		deom resolled from	/ · · · · //	15 -	TITLE (SPE		ermined man	mei,				
		ACTUAL SIGNATURE	Nowark!	Ihm		y Chiefmed	ICAL EXAMI	NER	DATE	4/	12/8	33
2 2 23		10	Vo									
100		EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. S	Smith, M.	D. ADDRESS_	III Peni	n St.	Balto.	, MD			
23	a.BU	RIAL, CREMATION, REMOVAL 2	b. DATE	23d NAME OF CE	METERY OR CREMATOR	CITY	OCATION		COUN	TY	STA	TE
-	36	und a	4-15-83	on ale	ret Comet	The state of the s		LOW is some	0.010	0.111	-	
(1)	4 FU	NERAL DIRECTOR) ADDRESS L	to he is	1223 13	TAPR 1	REGISTRAR 8 1983	25 REGIST	KAR'S SI	GNATUR		1
1	3-24	- I won y. I.	or the CANI	Ila Dila	11/4	Turi II T	0 1200	1//	-0	- CONDI	wy.	1

director, page 3 nours ofter death

ury, ar other troumatic event, the medica

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Nem 21 is morked or Hem 18 shows

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND		GIENE &	S REG N	0	9	d	-	9
	CEASED NAME	FIRST	۸	AIDDLE	Ĺ	AST	4.1	2a. DATE O		MONTH	DAY	YEAR	26 HOU	IR
(TYP)	OR PRINT)	OLD		Α.	HOWA	ARD				4	13	83		
3 SE	X	4.	RACE		S. DATE O	F BIRTH		6. AGE (IN	YEARS LAST BIR	-	IF UNDE		IF UNDER	24 HRS
/	Male	3.4	в1	ack	MONTH 9		23	5		YRS	MONTHS	DATS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	X NEVER	MARRIED -	9 BALTIMO	RE CITY C		TY OF DE	ATH		
	W. Va.		U.S.	A	WIDOWE		DIVORCED	Balto	. Cit	У				MD.
10 C	Balto.	тн 11	(IF NOT IN SUCI	H FACILITY, GIVE ST	RSING HOME OF REET ADDRESS) Ount Ave		STITUTION	120 USUAL OCCUPATION 12b KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Buildi						SSOR
U5U 13a	AL RESIDENCE (IF NURS	N COUNTY	HER INSTITUTION	GIVE RESIDENCE BE		13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS					
	Md.			Balto.		YES 🗌	NO 🗌	1312		mount	: Ave	. 2	2120	2
14 Fz	ATHER'S NAME	24.46	DLE	LAST		15. MOTHER	S MAIDEN NA	ME			40000			
Z	mos	Will		oward			FIRST		MIDDLE			LAST		
	VAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORM	ANT	14.0	ADDRI	ESS F	Balto	1	Id.	
. (YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	345-16	5-2989	Mrs.	Martha	A. Ho	ward					y Ter
NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	nediote g the lost	(b) DUE TO, OR	AS A CONSE	OUENCE OF	NOT RELATE	D TO THE TERM	AINAL DISEAS	SE OR CON	DITION G	IVEN IN P	ART Ito		
TIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERF	ORMED	200 AUTO	OPSY?	IN CERT	ES, WERE	FINDIN	GS USED OF DEAT	H?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH AL EXAMINER)	21b. TIME OF HOUR A.M P.M 21e. PLACE O	M. MONTH	DAY YEAR	216 HOW I	NJURY OCCUR	RED (ENTER NA	ATURE OF INJUI	RY IN ITEM 18	PART I OR I	PART ?)		
ME	WHILE NOT WHE	LE		EET, FACTORY, OFFI	ICE, FARM ETC)	STRE			CITY OR TO	WN	COL	YIMI	5	TATE
	220.1 certify that (I) sow the decease above, (I) (we) (d) 22b SIGNATURE	(this house to	2	171 1	83. on	that in Indy) (our) opinian	, to death occurre	ed on the de	ofe and he	-	om the c		
			tn		240		-	MEDICAL	STAI		220	4	19	83
	22d. PHYSICIAN'S NA	6), VE	RAX	TOX	22e ADDRE	f 43	ZF	DRY	- 1	473	In	vð,	
	SURIAL, CREMATION, I	REMOVAL			31 NAME OF CE			23d LOC/	ATION					
	Cremat	ion	4/27/	83	Westvi	ew Me	em.Park	K Ca	atons	svil	Le	T	Md.	TATE
24 FI	UNERAL DIRECTOR							E REC'D. BY F			STRAR'S S	IGNATU	JRE	-

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Chatman-Harris 1701 McCullon St.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

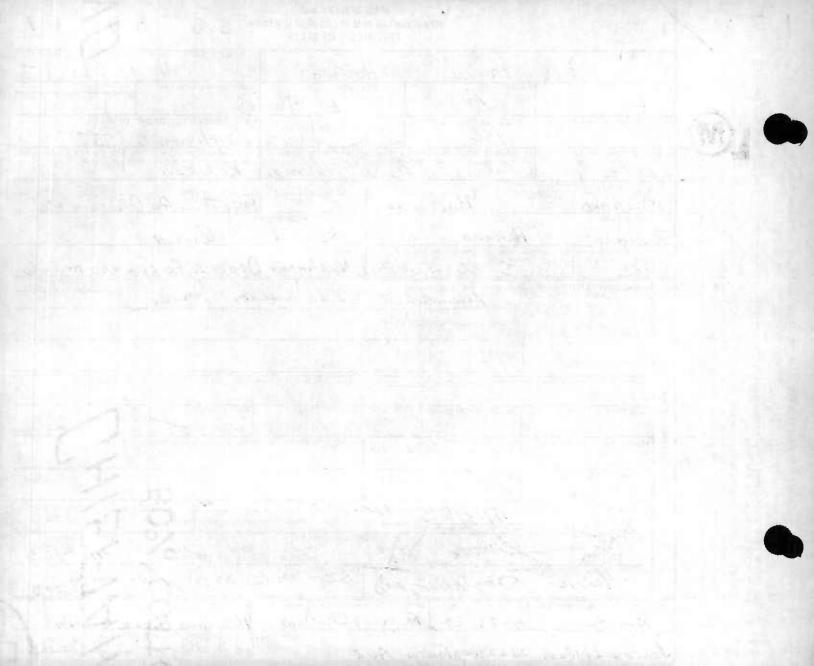
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1	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	098
deoth deoth	(1)99	CEASED HAME LED	/Ricin	Howard	2a. DATE OF DEATH	MONTH DAY YEAR 26. H
- other	1. SE	M	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	YRS.
MMH		COUNTRYS	CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DINORCED SING HOME OR OTHER INSTITUTION	16.16	OR COUNTY OF DEATH
1 p 40	6	AL RESIDENCE (IF NURSING HOME OR O	SRAMADA	Hersena Home		OF WORKING LIFE) INDUSTRY
\$5	130.	PAR-ILAND	Y IISCITY OR TO	OWN 131 NSIDE CITY LIMITS?	PREE TOWAL	0 /1
Mg and	12	THER'S NAME INST INST INST INST INST INST INST INST	HOWARD	15. MOTHER'S MAIDEN N	MODIE	LAST S a 47 RESS
Poges Poges medical	16e. V	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SE WAR OR DATES) 12/8-/-	2-4841 A MRS NAOMI	_	FREE LOWING RO, HOW
seen signed by I not Then piscose rice to berief, or my injury, or other	ATION	cause 10), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO		ODEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CO	20b. IF YES, WERE FINDINGS U
Diene p	CERTIFICATION		50 THE OF BUILDING	I I I I I I I I I I I I I I I I I I I	YES NO	YES NO
ing physical confices wends the first 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211. LOCATION	IKKED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I OR PART 2)
After the ros the tills and it	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY ON	0183
hospital of Hecton use tept of Hea		220.1 certify that (I) (this haspital tow the decreased alive an above. (I) twell (did) did not).	4/18/00	DEGREE		date and haur and fram the cause:
mined by the country the country the Store D pool of the Store D pool of the Store D		22d. PHYSICIAN'S NAME (NEOR	DEWARDS	ATTENDING PHYSICIAN 220 ADDRESS ADDRESS	MEDICAL DIRECTOR DIVIS	PALTUNE 212
00	23a.	BURIAL, CREMATION, REMOVAL		HOPKING Ch. CEM	23d. LOCATION CITY OR TOWN	HOUARD CO. MO

JOSEPH LE RUSS DELLE MOREN AVE

DHMH - 16 50M 4/82

(VRA 15, 4)



05-02-83

BP 24. FUNERAL DIRECTOR (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

FOR - STATE REGISTRAR 1. DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO

28

YES [

COUNTY

19 83

83

IF UNDER I YEAR

INDUSTRY

2b. HOUR

126. KIND OF BUSINESS OR

GLASS CO.

LAST

NOF

STATE

KUHI.

4:50AM

2n DATE OF DEATH

MEADOWRIDGE MEM. PK. ELKRIDGE

21229

HOWARD MARYLAND

22c. DATE SIGNED

4/28/83

DHMH - 16 50M 4/82

BURIAL

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR					ICATE OF DEATH	REG. N	10		
	ECEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP)	Ma Ma	bel	1	Е.	Hul	ber	Apr	cil 3,	1983	5:20A
3 SE	Female	4	RACE White		5. DATE O		6. AGE (IN YEARS LAST BII	RTHDAY)	MONTHS BAYS	IF UNDER 24 H
	BIRTHPLACE (STATE OR F COUNTRY) Maryland		U.S.A		WIDOWE		9. BALTIMORE CITY O Baltimor	OR COUNT		
В	Baltimore		Edgewo	ood Nursi	ng Ho	ROTHER INSTITUTION ME	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAK	ION OF WORKING LII BY	FE) 126 KIND O INDUSTRY Own	F BUSINESS Home
Ma	aryland	136 COUNT City	THER INSTITUTION Y	Baltimor		13d INSIDE CITY LIMITS? YES KK NO	13. STREET ADDRESS 5617 Gard	denvil	le Ave.	21206
14, F/	Frank	Mil	DDLE	Tinsle	У	is. MOTHER'S MAIDEN NA Éügenia			Hen	nik
(WAS DECEASED EVER (YES NO OR UNKNOWN) NO	IN U.S. ARMI		166 SOCIAL SECUI 214-74-4		Mrs Grace C	efalu, Same		13e 212	06
	Conditions, if any, gove rise to imm	nediate	(b)_	R AS A CONSEQUE	-					
ATION	gove rise to imm couse (a), stating underlying couse	nediate g the lost. HIFICANT CO	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM LIGHT SELECTION WAS PERFORMED		20b. IF YES	S, WERE FINDIN	GS USED
THECATION	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate g the lost. HIFICANT CO	DUE TO, OF	R AS A CONSEQUE	NCE OF	eno selevitie	- Cardio Va	20b. IF YES	V Mises	GS USED
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

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			CEASED NAME FIRST		MIDDLE	(Hu	MPHREYS)	OF ESTI-	ONTH DAY YEAR 26 HOUR
	ASE OR. EET,			ncis	H.	Hu	umphrey	DEATH MATED	4 24 19 83 M
	DIRECTOR.	3. SE	4. RACE	5. DATE OF BIRTH	YEAR 6 AGE (IN) LAST BIRTH		ER TYR. IF UNDER 24 H DAYS HOURS MIN.	PRONOUNCED DEAD	4 25 19 83 2:29P
	ARY, YOUR STON	76 B	IRTHPLACE (STATE OR	7b. CITIZEN OF WH		To .		. I. BALTIMORE CITY OR C	
	Design 3	1	MARYLAND	11.	9. A.	WIDOWEL	NEVER MARRIED	Baltimore	e City
	在整理	ID. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTHER	INSTITUTION 120	USUAL OCCUPATION (TYPE OF V	VORK 126 KIND OF BUSINESS
	3 0 C	4	Baltimore		N. Chester			FOR MOST OF WORKING LIFE)	OR INDUSTRY
-	NO SECOND		AL RESIDENCE (IE IN NURSING HOMI TATE 1136 COU	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	ION			21203
21201	S S E S E S E S E S E S E S E S E S E S		MD		13c CITY OR TOWN	,	YES NO	733 N. CHE	STER ST.
MD.	H. S.	14. F	ATHER'S NAME	MIDDLE &	LAST C	1.	MOTHER'S MAIDEN N		LAST
	A PAR PER PER PER PER PER PER PER PER PER PE		DERNA	RD HUM	PHREY (S			LA	
BALTIMORE	PASSES I			RMED FORCES?	166. SOCIAL SECURI	1	INFORMANT	ADDRESS	121224 and
BAL	S AF		YES, h	1. W. II	212-16-8	1608	of Michael	fungherey. 26 "	Juvanoust or
	A HOURS AFTER TWO WILL GIVE PA DNG WITH FOR ERMIT PAGES IENE, DIVISION AL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line	far (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	24 HO TEM 1 CONG PERMI SIENE			ATE CAUSE (a)			cardiovascu	lar disease	
PRESTON ST	NO. WOOM		Canditions, if any, whic		AS A CONSEQUENCE	OF			
	WITH NCIE NINE NTAL		gave rise to immediat cause (a) stating the unde	e (b)	45 A CONSTRUCT				
201 W.	UTED WITH IN PENCIL EXAMINER EXAMINER I'AL - TRANS O MENTAL I DN, OR REA		lying cause last.	DOE TO, OK	as a consequence	OF			
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<u> </u>	HEA MEA	CERTIFICATION	19a. DATE OF OPERATION	19b CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?		2D AUTOPSY?
IAI	SHOULD ORD "P	F							YES NO D
N-V		W.	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEA	21c. HOV	V INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18 PART 1	
NO	IS CERTIFICATE SH RRITING THE WOR REDED TO THE CI GE 3 SHOULD BE I TE DEPARTMENT OF 201 PRIOR TO BUJ		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAT TEA	IR .			
DIVISION	3 SF	MEDICAL	21d INJURY OCCURRED WHILE ON NOT WHILE	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	21f LOCA		CITY OR TOWN	COUNTY STATE
۵	TAAAA2	2	AT WORK AT WORK		and the same of th			CHIOKIOWA	COUNTY
	ATE, WORKS PACE, WORKS PACE		220. I certify that I took char	e of the remains desc	ribed abave, held an	Adapsy	Inspection X	, Inquiry , and in	my apinian
	MAN HELL		death resulted fram. No	ya causes X,	Acciden . S	vicide .	Hamicide . Un	determined manner .	
	WIT WITH		(//		1/0 1	A	TITLE (SPECIFY)		
	MAN HA		ACTUAL SIGNATURE	Woma	18) March	ME	eputy Chief		ATE 4/26/83
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M.E). AD	DDRESS III Per	nn St. Baito.,	MD.
	53856A	230.E	URIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR		LOCATION	COUNTY STATE
	BP		BURIAL	5-2.83	CROWNS	SILLE	VETERANS	CROWNSVILLI	E. MO.
	DHMH - J	1,0	NAME O TOR	ADDRESS	1.11	1	25a. DATE REC'D	BY REGISTRAR 246 REGISTRA	AR'S GIGNATURE
	(VR A15 ((5))	1	Tarlle Willer	- 2334	assette	. XX.			

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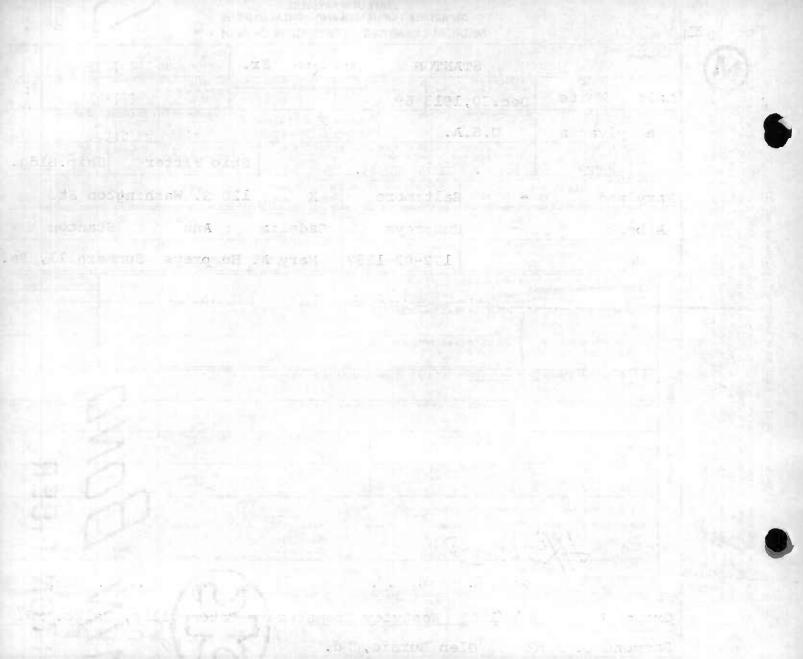
Glen Burnie, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

DHMH - 17

(VR A15 ME (5)) 20M 4/82 Raymond C. Fink



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH DAY 26. HOUR (TYPE OR PRINT) alusta 3 SEX S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female White Tune 16. To BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TEVER MARRIED anuland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Harvey St. Balto. Md. 21230 South Balto Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Harvey St. Balto. Nd. 21230 laruland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Koontz eoroe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) iam T. Hutton, In. Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 STATE WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an_ , and that in (my) (our) opinian death accurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN TI DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Serrick Luthervill, 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL 23d LOCATION

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DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

remation

Md ully Funeral Home. 130 E. Fort Ave. Balto. Md

Security Process

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atonsville.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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20M 4/82

500.01 1133.124 is 20 at a city of a and the officer the second section of the section of th Callette Crimer 18612 convert that . I'm also cent district to niwry, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

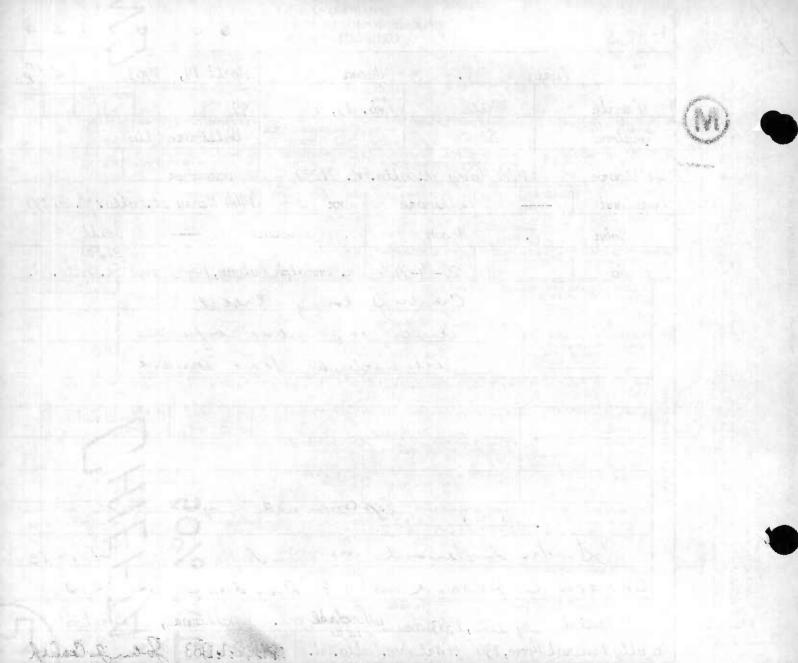
MPORTANT: If Item 21 is marked or Item 18 the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

NE	8	,	3	0	9	8	2	
	~		REG. NO.	-			-	

1	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG.	NO.	4 0	Sim	7
	CEASED NAME	FIRST		MIDDLE	ı	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUF	
(117	OR PRINTY	Maria		V.	Hy	son		April 19	1983		5'	PM
3. SE	X	4.	RACE		5. DATE C	OF BIRTH	- Vi	6. AGE (IN YEARS LAST I		UNDER ? YEAR		
	Female		Whi	te	Feb	. 15, 188	O'EAR	95	YRS.	DAYS DAYS	HOURS	MIN.
7a. BI	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARI		9. BALTIMORE CITY		FDEATH		
1	Maryland		USA		WIDOWE			Baltimo	re (ity			MD
10 C	ITY OF TOWN OF DEA	ATH 1		HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUPA		12b. KIND C		
B	altimone	- 20	11.1.1. 11	enau St. B	address)	M 21220		Homemake		INDUSTRY		
USU	AL RESIDENCE HE NURS		HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	· (212)0						
	aruland	13b. COUNT	Y	Baltimon	e	13d. INSIDE CITY L	IMITS?	13 STREET ADDRESS	St. Bal	to. "d	. 212	30
	ATHER'S NAME					15. MOTHER'S MA	_	6				
	John	8	DDLE	Hyson		Cat	herin	le MIDDLE		Neilt	ST	
	VAS DECEASED EVER			16h SOCIAL SECU	RITY NO.	17. INFORMANT		ADD	RESS	21230		
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	220-44-4	5424	Mr. Rando	Loh (Julany, 1448	Henry	St. Ba	Ito.M	d.
	18. CAUSE OF DEAT	H (Enter anly	ane cause per	line for (a), (b), one	d (ct.)	P	4.0	220431770	7,000,0	APPROX	ONSET AND E	VAL
	PART I. DEATH W	AS CAUSED	BY:	Card	42	ulon	a	Erbert				
	Ulne	MMEDIATE		r as a Conseque	O.	J					7 -	
	Conditions, if any,	which	DUE TO, O	as a conseque	INCE OF	moreau	den	& Inta	the			
	gove rise to improduce (a), stating	mediate	(6)					0				
	underlying couse	9	DUE TO, O	R AS A CONSEQUE	NCE OF	linka	110	not Drs	ine			
	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CO	NDITION GIVEN	UN PART II	a	=
Š												
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a. AUTOPSY?	20b. IF YES, V			
Ĕ								YES NO	IN CERTIFY I		OF DEATH	
SE SE	21a. ACCIDENT WAS UNI	DERLYING	21b. TIME C			21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN				
	OR CONTRIBUTING			M. MONTH DA	Y YEAR							
EDICAL	21d. INJURY OCCUR		21e. PLACE		19	211. LOCATION						
W.	WHILE NOT WHAT WORK	HILE 🔲	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR	OWN	COUNTY	ST	TATE
	22a certify that (I)) ottended th	e deceased from	der	dente	. 82	in some	15	23	that (I) (w	ve) last
	sow the decease	ed alive on_	gone	19 3	3 9 01	nd that in (my) (our) opinian o	death accurred on the	date and haur c		4 4	.,
	obove, (I) (we) (c 22b. SIGNATURE	did) (did not)	view the bady	after death.		DEGREE				22¢ DATE		
	1	-dr	- 1	Alaman	d	ATTEN	NDING _		AFF	4	19 0	
	22d. PHYSICIAN'S N	AME ITYPE OF P	PINT	777-13		22e ADDRESS	SICIAN L	DIRECTOR PHYS	ICIAN 📋	1-1-	19-1	2_
	SANAr	a L	· No	ward	mo	18.	Ran	- dacc	54.	2,	232	5
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREA		23d. LOCATION				
	(SPECIFY) Burio	al	1pr: 12	2.1983 No	w (at	he dank e	emt.	Baltimo	re, 1	Maryla	end, si	ATÉ
24. FL	UNERAL DIRECTOR	, 11	1	C TARREST	4 0	1230	25a. DATE	REC'D. BY REGISTRA	R 25h PEGISTRA	R'S SIGNAT	TURE	
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	1 -	STATE REGISTRAR		DEI ANT		ICATE OF DEATH	REG. N	0.	20	2 0
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(1.17	LOUISE	= T	. INC	BALL	S	0	4 03	83	11:24 pm
	3 SE)		4 RACE		5. DATE		6. AGE (IN YEARS LAST BH	THDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	White	е		17, 1913	69	YRS.	MONTHS DAYS	HOURS MIN.
ij		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIG	D NEVER MARRIED	9. BALTIMORE CITY	RCOUNTY	OF DEATH	
2		LA	US	A	WIDOWI		Baltim	ore (City	MD.
,	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
4		Baltimore	Union	Memor	ial H	lospital	(TYPE OF WORK FOR MOST O			can
Î	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		TO THE	
	PN	ND		Baltim		YES NO	214 Char	ncerv	Road	21218
	14. FA	THER'S NAME			010	15. MOTHER'S MAIDEN NA	ME			
h		John .	MIDDLE	arlton		Louise	WIDDIE		I OLUDO	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS	Laure	3
	(Y		E WAR OR DATES)	122 00	0111	Cooper	To a = 11 =	l	D-11	1.45
		No. I		433 09		George S.	. Ingalls,	Jr.,	Balto	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY	line for (o), (b), on	dic	1 /40	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIAT	E CAUSE (o)	-n Ira ce	rebr	al Hemori	nage		1//	ours
		7310	DUE TO, OI	R AS A CONSEQUE	ENCE OF					
		Conditions, if any, which gove rise to immediate	(b)							
		couse (a), stoting the	DUE TO, OF	R AS A CONSEQUE	ENCE OF					
		underlying cause lost	(c)							
	-	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0 '
	ō									
	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
-	E		1				YES T NOT		YING CAUSES	NO T
	8	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	114	M. MONTH DA	AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION				
	W.	WHILE NOT WHILE D	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this haspit	(al) attended the	deceased from	An . 3	£3 19	. Phoil	4	10 / 3	at a do to Alexa
		sow the deceased olive on	Mari 1	3 19		nd that in (my) (our) opinion o	deoth occurred on the d	ate and hou		that (I) (we) lost
		22b. SIGNATURE	I view the body	after death.		DEGREE			22c DATE	
		7 11	//			ATTENDING _	MEDICAL STA	:F	11/	3 IC 3
_		22d PHYSICIAN'S NAME (TYPE O	ne			PHYSICIAN [DIRECTOR PHYSIC	IAN	1/	3/83
		EGO INAME HYPEO	A PRINT)			22e ADDRESS				
		red Kal	1,1				UNIVERSITY	PARKW	AY	12-19-19-11
		URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 50M 1/B1 (VRA 15, 4)

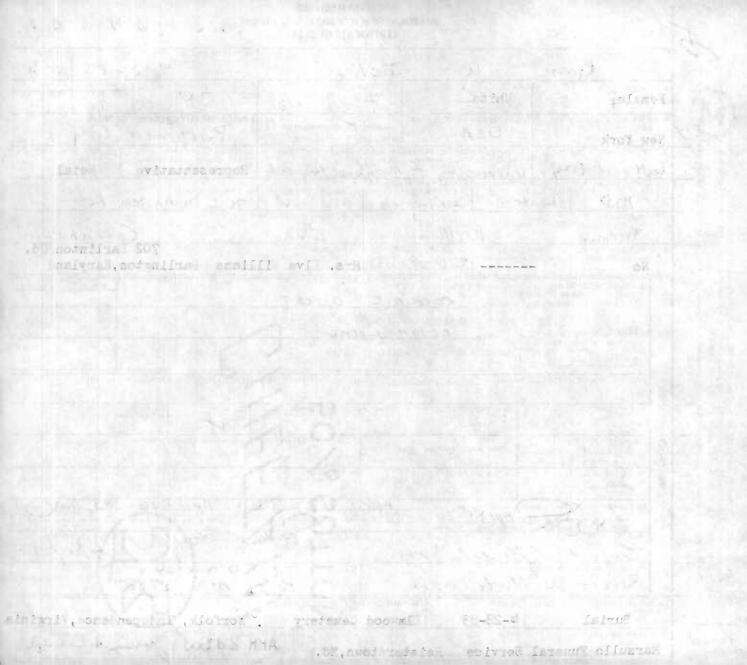
Henry W. Jenkins & Sens Co. 4905 Yerk Road Balto., MD

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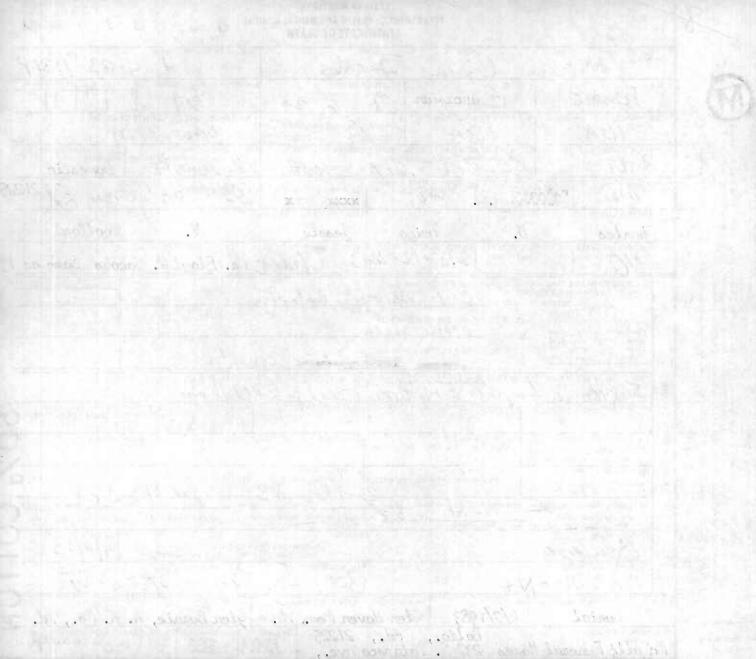


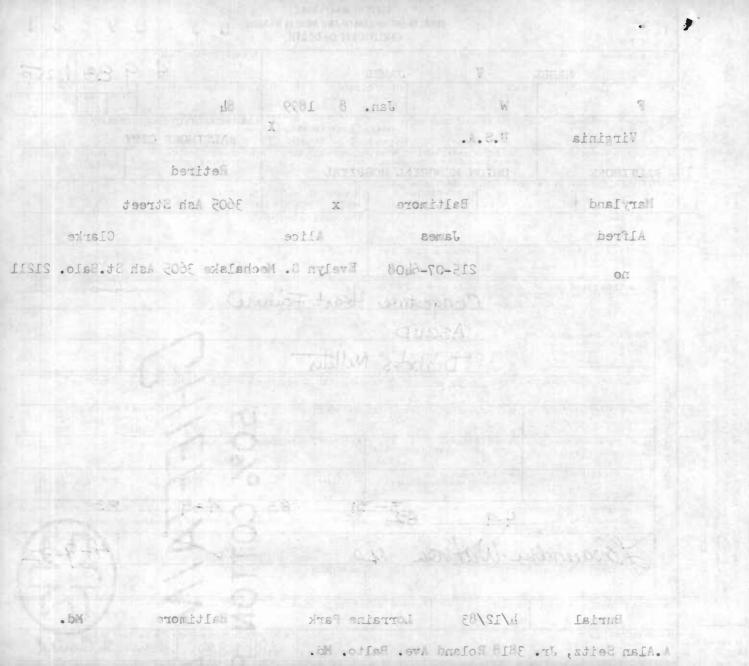
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10		Robert E. J	ackson, Sr.	STAT	E OF MARYLAND		
X	1.	FOR STATE	DEPAI		EALTH AND MENTAL HYG	IENE 8 3	0 9 8 2 9
		REGISTRAR			ICATE OF DEATH	REG. NO.	
. 64	1. DE	CEASED NAME FIRST	WIDDIE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be , page 3 ter death		ROBERT	E.	DR	ackson, St	142	9 000 1115 AM
The per feer of	3. SE	X 4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ige 4	1		C	//	1 29 / 06	77	RS.
Po dig	7a. B	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
de orth		Md.	USA	WIDOWE		CITY	MD.
The fee	10. €	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
10 a market		Balt als	1/ 0	y m	0	Service	Auto
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: ING PHYSICIAN: The low requires that the death certificate be executed within a chending physicion. When this certificate has been signed by the ottending physicion and complete as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be file the and Mental Hygiene prior to buriol, cremation, or removal. orked or liem 18 showcony injury, or other traumatic event, the medical examiner must be accorded or liem.	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS?	12. CIRCLI ADDRESS	21239
ON Plant		MD	BAT		YES NO	130 STREET ADDRESS	VOURPIN PRUS
2 sh	14. FA	THER'S NAME		- 11-21-1-	15. MOTHER'S MAIDEN NAM	AE	
AAN be and a sold a sol		T. Howard J	ackson, Sr.		FIRST	Sadie Hardwic	ck LAST
RE, and content		VAS DECEASED EVER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADDRESS	
IMORE n ond on one one one one one one one one one	. (YES, NO OR UNKNOWN) (IF YES, GIVE W	216 07	3169	aye	Sane	
ALTI		18. CAUSE OF DEATH (Enter only o	one couse per line for (a) (b)	and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I., B.	M	PART I. DEATH WAS CAUSED E	Y: (114	lear /	uno nu	ect	BETWEEN ONSET AND DEATH
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STO tend tend on, o	11	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF	45=		
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201 pleo pricol	13.	PART 2 OTHER SIGNIFICANT COI	VOLTIONS CONTRIBUTING T	O DEATH BUT	NOT BELATED TO THE TERMI	INIAL DISEASE OF CONDITION	CIVEN IN PART 1:-
ravir quir quir sigi Then to bi	NO	THE STREET CO.	TOTAL CONTRIDOTATO	O DEATH DOT	NOT KEERIED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART 110
Bosen were	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	20g AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED
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SICIAN: Tig physicing physicing-tronsin		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR			
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VISI G Pt ond ond ked	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
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TEN or US of He	38	sow the deceased alive on	4/2 19			leath occurred on the date and	hour and from the causes stated
OR AT OR AT DIREC oched f Ocher, c		obove, (1) (we) (did) (did not) v 22b. SIGNATURE	iew the body after death.		DEGREE		226. DATE SIGNED
			Каненя	no	ATTENDING	MEDICAL STAFF	1 2/2/83
HOSPITAL ned by the FUNERAL uid be detroit of the Stote		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)		PHYSICIAN	DIRECTOR PHYSICIAN	77 70 3
TO HOSP reformed TO FUNE should be with the B		CHANA	VERTEE L	2100	(10)	mas Ann	,
of of short	230	DIBLAL CREATATION PERSONAL I		NAMEOFC	EMETERY OR CREMATORY	123d LOCATION	
BP	230 0	SPECIFY) Burial			of Faith	CITY OR TOWN	COUNTY STATE
	24. FI	JNERAL DIRECTOR	4/3/03	Gardens		Baltimore REC'D. BY REGISTRAR 256. REC	GISTRAP'S SIGNATURE
DHMH - 16 50M 4/82	1000	ITCHELL-WIEDEFEL	D HOME THE	6500		1000	A American
(VRA 15, 4)	I.	TICHELL-WIEDELEL	D HOME, INC.	0300	York Rd. AP	1983	an J. Colicell

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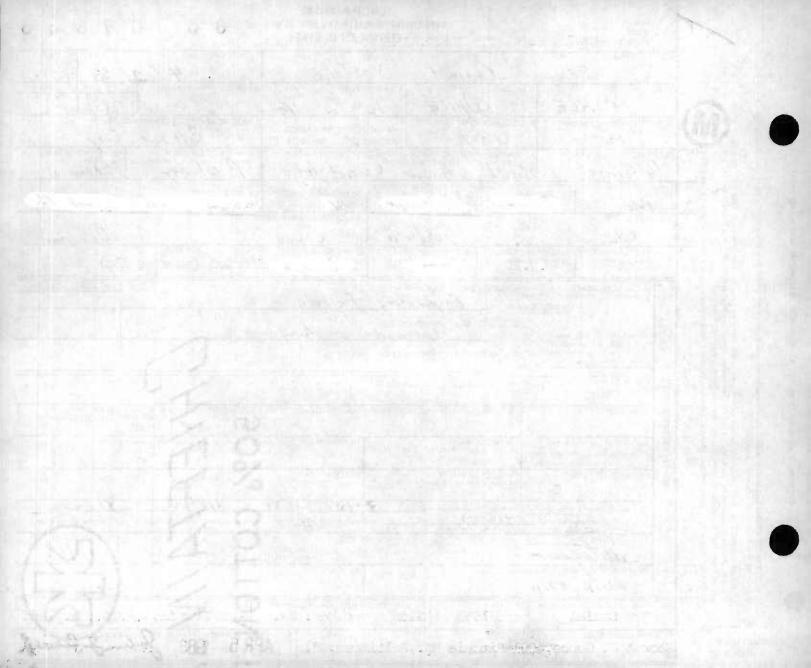
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINT! la colos ram 4. RACE IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX YEAR aucasian 24 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALT. CITU WIDOWED DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 26. KIND OF BUSINESS OR INDUSTRY EW, FF Domestic IVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? NO M 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Woo Lord essLe nantes ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (IF YES, GIVE WAR OR DATES) Mr. Floud W. Jacobs Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ardio vascular IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Shock Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 1% CONDITION FOR WAICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NOT YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 210. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an abave, (I) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 221. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF andua DIRECTOR PHYSICIAN PHYSICIAN 224 ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 日日 MPORT 23d. LOCATION 330. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 4Len Haven Mem. Len Burrie. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 16 50M 4/B2 Md ully tuneral Homes (VRA 15, 4) Patapsco Ave.





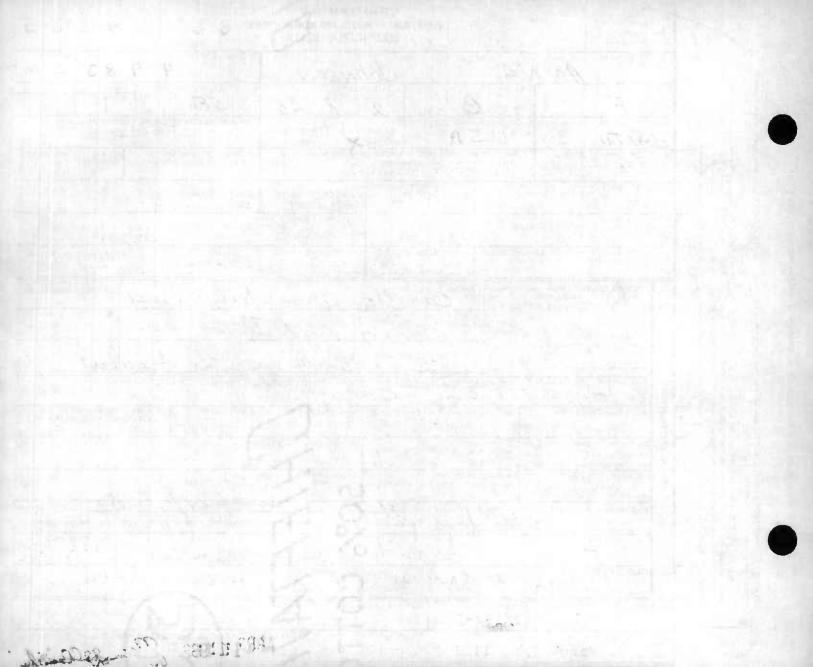
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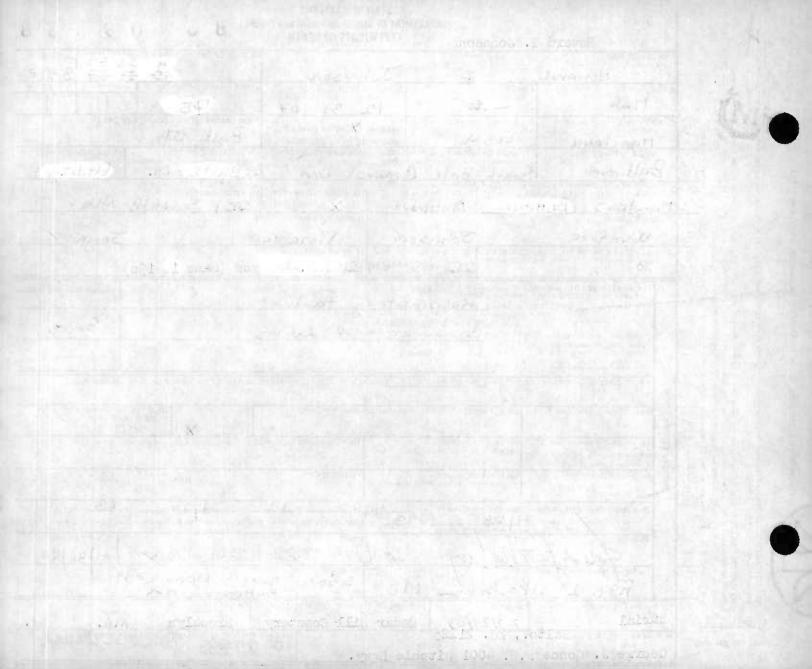
(VRA 15, 4)



PLANNING DUCHNESS PROVINGS HAS SIM

80	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND REG. NO.
m £	EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
000	HORACE W. JOHNSON APRIL 14 1983 1:251
12	Male Male A. RACE Black S. DATE OF BIRTH MAY SEAR SEAR BASE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS MAY MONTHS DATS HOURS MONTHS M
	THPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
12	uth Car. USA WIDOWED DIVORCED Baltimore
Part of the	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11/6 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10., 11/20 USUAL OCCUPATION 11/20
35	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IATE 136 COUNTY 136, CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS Md. 150 Penna. Ave. 2121
20	HER'S NAME IS. MOTHER'S MAIDEN NAME PRIST MIDDLE LAST Ph FRST MIDDLE LAST
	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
1. Page r medic	S, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] Westley Johnson 1300 [dy wood Rd. 2 207 Westley Johnson 1300 [dy wood Rd. 2 207 APPROXIMATE INTERVAL
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S shows	YES NO YES NO 216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JIEM 18. PART 1 OR PART 2)
10 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19
and Me	TIME INJURY OCCURRED 210. PLACE OF INJURY 210. LOCATION STREET 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
for use of Health	220.1 certify that (1) (this haspital) attended the deceased from APLIL 7, 19 83, to APRIL 14, 19 83, that (1) (we) I saw the deceased alive on APRIL 14, 19 83, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.
At DIRE setoched ore Dept	276. SIGNATURE DEGREE M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D L-14-8-3
O FUNER ould be of the the St.	27d PHYSICIAN'S NAME (TYPE OF PRINT) C. VERGARD - SOARGE N. CHARLES GEN. HOSP. BAG. IND. 21.
2413	PRIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION 236 TO., Md. COUNTY STATE
H - 16 50M 4/82 VRA 15, 4)	NERAL DIRECTOR DY 0. DYETT 4600 LIBERTY HGTS AVE. 250. DATE RECID BY REGISTRAR 256 (C) ISTRAR'S SIGNAL RE APR 2 0 1983

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STATE OF MARYLAND

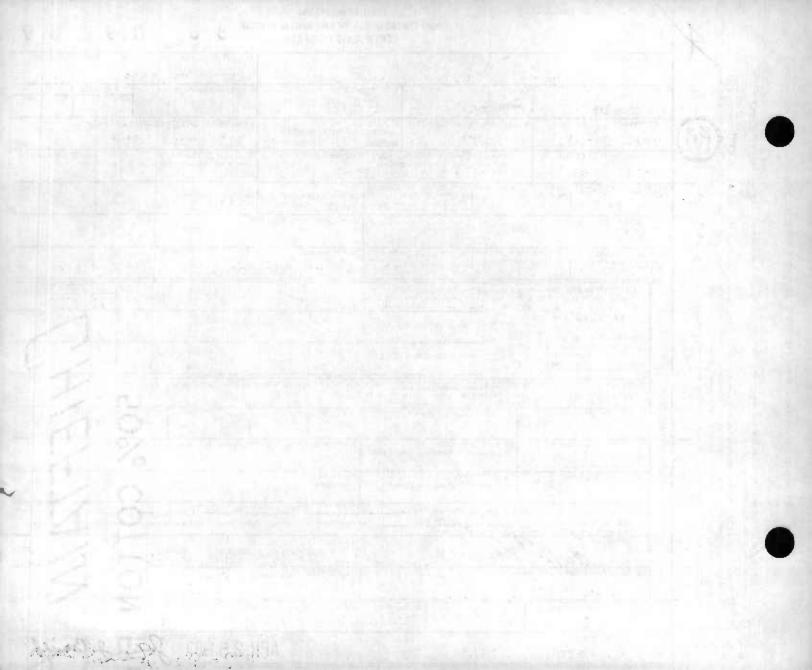
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24. FUNERAL DIRECTOR

Wm. Name. March F/H 1101 E. North Avenue

DHMH - 16 50M 4/82



Rockville, Md. 20850

(VRA 15, 4)

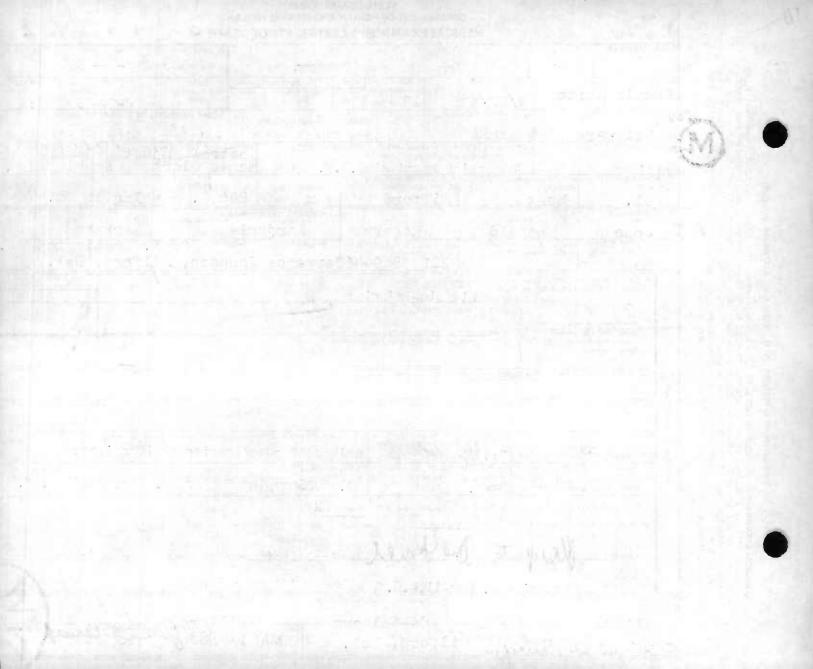
George R. Snowden

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WILLIAM REESE & SONS MORTUARY, P.A.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN Zb. HOUR LITTER OR PRINCI ESTI-Johnson Lynda DEATH MATED Ann 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED remale White 4-29-8319 B: 45A BIRTHPLACE INVALOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED CHERCHI COUNTRY Delaware WIDOWED [DIVORCED Baltimore City DY OR TOWN OF DEATH USUAL OCCUPATION TYPE OF WORK 1786. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospital S.T.U. ments Clerk Banking altimore 13e. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e_STREET ADDRESS 806 N. Washington St. Milford Kent YES X NO [] A 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ronald Rogers Marjorie Workman Joseph 80600MESS Washington 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT F HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL (YES, NO. OR UNKNOWN) 58 9446 Terrence Johnson, Milford, Del. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULE DEPARTMENT OF 31 PRIOR TO BURIA YES V. NO CATE, WRITING THE CORWARDED TO THE CORWARDED TO THE CORWARDED TO THE CORWARDED BIT TAMEN 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR driver of auto/tractor trailer impact 4-29-83 2:10AM CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER RECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARXIAND, 21201 PI AT WORK AT WHILE Rt. #50&Shopping Center Rd. Stevensville, Md ... STREET, FACTORY, FARM FTC 1 hawy. Autopsy XX. 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from: Suicide Undetermined manner ACTUAL SIGNED 4-29-83 SIGNATURE EXAMINER'S NAME 111 Penn Street Korall TYPE OR PRINT) **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY **DHMH - 17** ADDRES Milford, Del. (VR A15 ME (5)) 20M 4/82

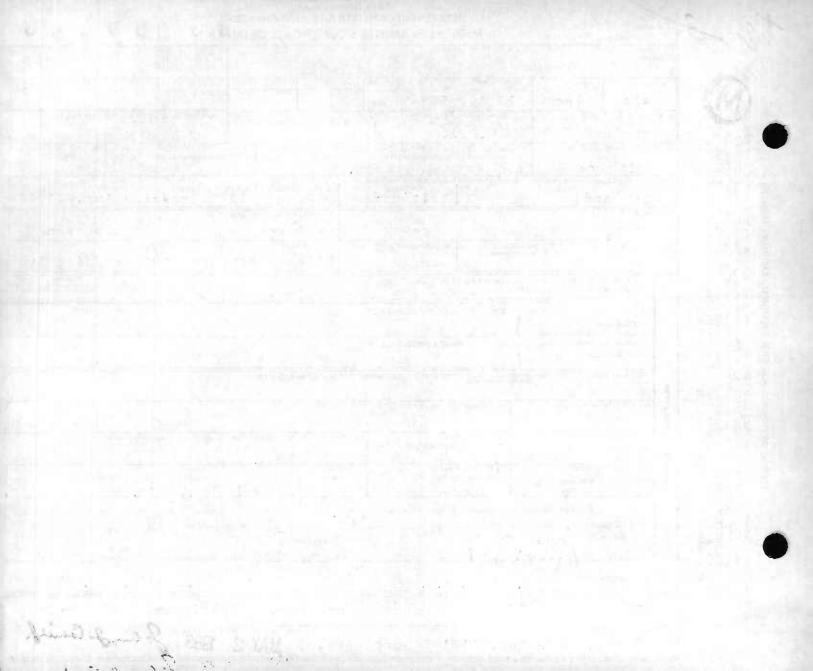


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4 F	ATHER'S NAM	NE .	WIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	WIDDLE		LAST	
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	220 I cert	tify that I took charg	e af the remains desc	ribed abave, held an	Autop	sy X, Inspectio	on . Inqu	ıry . o	ind in my a	pinion	
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	ACTUAL	DAM	of a Da			TITLE (SPECIFY)					
	SIGNATURE	111	CVVV	~	M	D. Assistar	nt_MEDICALE	AMINER	DATE	4-30-	-83
/	EXAMINER'S	NAME Ann	M. Dixon,	MD		11	1 Penn S	t. Bal	to	Md. 212	201
	(TYPE OR PR					ADDRESS	23d LOCATIO		,	1100 6 6 12	
34.	BURIAI	ATION, REMOVAL 2	5/5/83	Mount	Aubi	urn Cem.	Barr	imore	COL	Md Md	STATE
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STATE OF MARYLAND

UNKNOWN #83-25

20M 4/B2



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #8 Film G579 5/3/83 rc

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	VIOL			JOHNSON	DEATH	MATED	1	7 19	83
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	F Negro	4 25 10	72 YRS.	DATS HOURS	DEAD		4	7 19	83 a
7a	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MARE	IED NEVER MARR	PIED 7. BALTIMO	ORE CITY OR	COUNT	OF DEAT	Н
/	S.C.	4.5.A.	WIDON			more C	itv		AA
10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		HER INSTITUTION	12a. USUAL OCCUP	ATION (TYPE OF		2h KIND C	OF BUSINESS
1	Baltimore	Johns Hopkin			FOR MOST OF WORK	ING LIFE)			
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14	FATHER'S NAME		allimore	15. MOTHER'S MAID	ENINAME	very,		,,,,	
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140	WAS DECEASED EVER IN U.S. A	PMED FORCESS THE SOC	TIAL SECURITY NO.	17. INFORMANT	V	ADDRECC			
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	22a I certify that I taak cha	rge of the remains described aba	ve, held an Autaj	osy 🔲 , Inspectia	in X. Inquiry	, and in	my apir	nian	
	death resulted from: Nat	ural causes X. Accident	, Suicide	, Homicide	Undetermined mai	nner .			
	1.5	7		TITLE (SPECIFY)					
	ACTUAL SIGNATURE	MAXX			T MEDICAL EXAM	NER	DATE	4-7	-83
1		7							
	EXAMINER'S NAM (TYPE OR PRINT)	Ann M. Dixon, I	M.D.	ADDRESS 111 F	Penn St., I	Balto.,	Md.	212	01
23a	BURIAL CREMATION, REMOVAL		AME OF CEMETERY		23d LOCATION				
	BUN'A	4/11/92 1	MT 7 1	Cem.	CITY OF TOWN		MONTH DAY YEAR 28. F. 4 7 19 83 MONTH DAY YEAR 29 14 4 7 19 83 RECOUNTY OF DEATH City FOF WORK 126 KIND OF BUSINES OR INDUSTRY APPROXIMATE INTER BETWEEN OMSET AND 1 COUNTY STATE Md. 21201 COUNTY STATE COUNTY STATE	MI.	
24	FUNERAL DIRECTOR	1/10/1	111 6-161	25a. DATE	REC'D. BY REGISTRAF	PREGISTR	ARSSK	NATURE	110
	NAME THE EL MA	ADDRESS ADDRESS	1129111	Gertal AP	R 1 1 1983	John	2	Come	el :
	15-611- 1-41/16	KIN MOME	11071111	The state of the s	1 - 1000	U	0		0.

283 1 1983 James Bailed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a, DATE OF DEATH FIRST MONTH (TYPE OR PRINT) ETHEL JOHNSTON 4-12-83 CECIL 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH OAY YEAR Female White 1898 10 84 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Virginia U.S.A. WIDOWED DIVORCED E 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR elair Convalesarium TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore Housewife USUAL RESIDENCE (IF NURS IND POME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 8602 Oak Road Maryland Edgemere YES [NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Johnston Not Known 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 8602 Oak Road (IF YES, GIVE WAR OR DATES) 226-70-5831 Johnnie E. Johnson Balto. MD 21219 No 18. CAUSE OF DEATH (Enter only one couse per line for 10) b) and DADT I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CONGESTIVE IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting underlying DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Scott

ockevsville

CITY OF TOWN

____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Adam Road

23d. LOCATION

COUNTY

STATE

THE LYPE OR PRINT)

sow the deceased give of obove, (1) (me) (did (did not view the body after death

NOT WHILE

220.1 certify that (1) (this bottom

23e. BURIAL, CREMATION, REMOVAL

Burial

no

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTORS PHYSICIAN 22e. ADDRESS

Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

80

0

MPORTANT:

4/13/82 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

23b. DATE

7922 Wise Avenue, Dundalk, MD

attended the deceosed from.

23c. NAME OF CEMETERY OR CREMATORY Holly Hill Memorial

DEGREE

Baltimore

Maryland

Sin all genia . oddawi dicene The same of the same

Wm C. March F/H Inc. 1101 E North Ave

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

23

83

DAY:

INDUSTRY

21218

26 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

M'dE.

COUNTY

22¢ DATE SIGNED

HOSPITA

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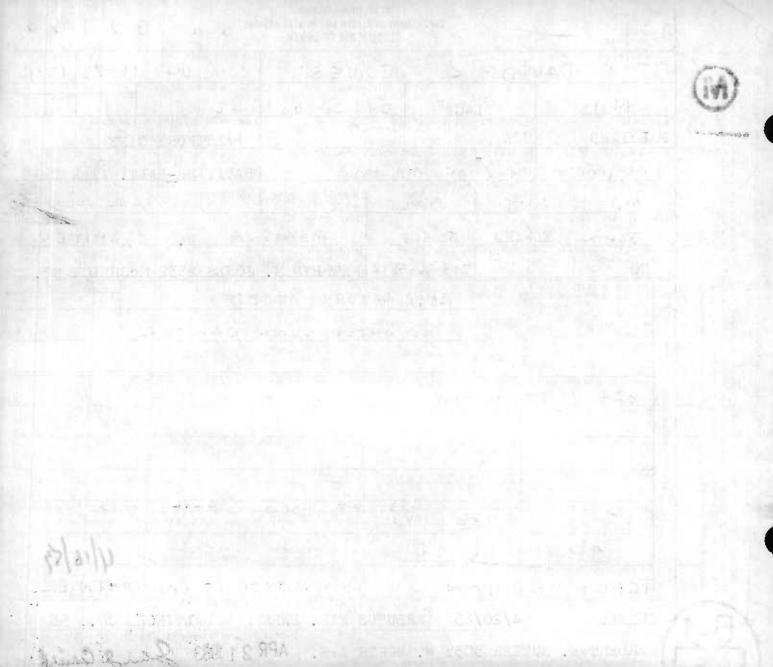
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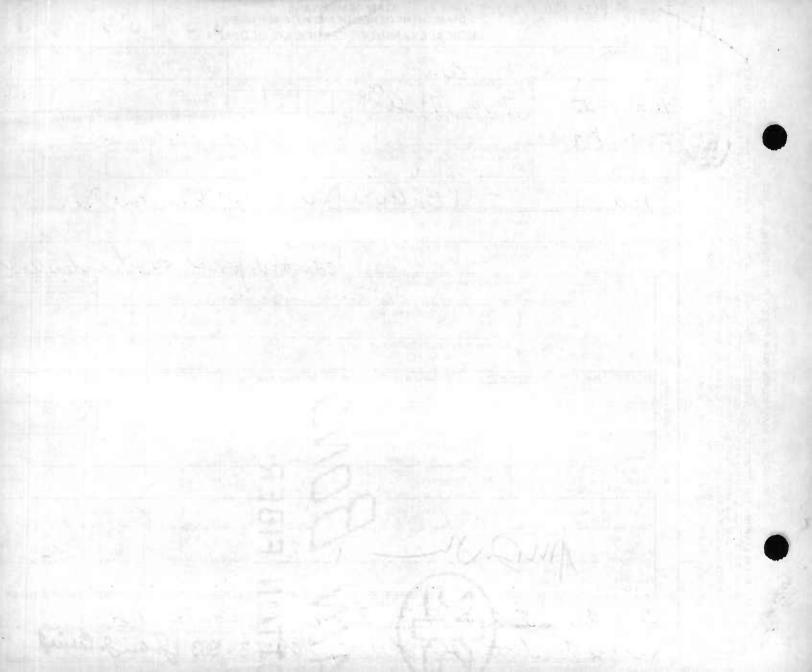
(VRA 15, 4)

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5.6		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME			TIMO]			E RUSINESS OF
39	3	ALTIMORE	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	9 20	(TYPE OF WO	RK FOR MOST OF	WORKING LIFE) I	NDUSTRY	
004	USU A 13a. S	L RESIDENCE IN NURSING HOME O	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS				N.B. T.	2134
3				BALT	YES NO	DF 138. STREET	ADDRESS -	2332 M	CCUL	LOHST
1	4. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	WIDDIE		1241	
0		JOHN EI		NES	MART	TIMA	W	- 1	NHIT	FEN
1		AS DECEASED EVER IN U.S. AF	E WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	213.	ADDRE	IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS YRS. COUNTY OF DEATH E CITY NORKING LIFE; INDUSTRY BAIT WATER D WHITE S 2 MCCUILLOH LAST APPROXIMATE INTE BETWEEN ONSET AN TION GIVEN IN PART TO APPROXIMATE INTE BETWEEN ONSET AN COUNTY COUNTY COUNTY A PROXIMATE INTE BETWEEN ONSET AN COUNTY COUNTY A PROXIMATE INTE BETWEEN ONSET AN COUNTY COUNTY MORE COUNTY MEEGISTRAR'S SIGNATURE		
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1		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for to), (b), and (c)					BETWEEN	MATE INTERVAL
carbanp , ar rema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST									
		1629	DUE TO, OR AS A CO	NSEQUENCE OF	0.7.0					
ran		Conditions, if ony, which gove rise to immediate	(b)	APVAN	CED LUN	VG CF	470	ER		
		couse (0), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF						
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	NO N	BRAIN N	ETASTASI				NCE			
7	CERTIFICATION	90. DATE OF OPERATION			N WAS PERFORMED	20a AUT	OPSY?	206. IF YES, WE	RE FINDIN	IGS USED
7	Ě					YES 🗀	NO			NO []
- // / 1		21a. ACCIDENT WAS UNDERLYING		ITH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
1	ž	OR CONTRIBUTING CAUSE OF DE	7111	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
	^	WHILE NOT WHILE AT WORK								
		22a. I certify that (I) (this hosp	ital) ottended the deceased	from 03 -	30 198		4-16			that (I) (we) las
			at) view the bady after deat	19 X 3 , o		non death accurr	ed an the do	ite and haur and		
		22b. SIGNATURE	MAM	111	DEGREE ATTENDING	G _ MEDICAL	STAF	F	22c. DATES	SIGNED
_		atra	000		PHYSICIAN	N DIRECTOR	PHYSIC	IAN 4	4/16	183
1		TO U.S. K. A. C	= O. A.		22e ADDRESS	TV 00 00	~		C= 10	~
1		ICHEFINE	FUYIAN		UNIVERSIT			ANCEIL	UN	151
		urial, cremation, removal BURIAL	13h DATE 4/20/83		CEMETERY OR CREMATOR	C121		TMOD E	UNTY	STATE
-4			4/20/0)	ANDUTO	JS MEM. PAI					
4/B2		NERAL DIRECTOR	TTTER 3035	OPRESS NORT		PR 2 4 1	REGISTRAR			



THE PRINCE OF STAND STANDS OTEN SOSIELACIONES 121 Ballon Whigher the Executive and all STATE OF ACT All to make the state of the st Delt trigge of POHE and sent and and the La lei Carte de la parte de la companya del companya de la companya de la companya del companya de la companya 1. John Co. 1910 S. Jan. 1910 Company of Their Day 2005 MERCHAN STATE FREE PROMISED FOR THE BLEEDING 4/21/3 Lorraine or leretery oo land alto, 10. Loring

Dt	It	em #6 FilmG580	6/1	5/83 r			MARYLAND H AND MENTAL H	TYGIENEN :	0	0 0	, . /2
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ľ		CEASED NAME FIRST		-	WIDOLE		LAST	20. DATE KNOW	VN V MONTH	H OAY YE	AR Zb HOU
L		EDWA			a.		JONES	DEATH MATE	D 0 4		83
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	3	altar md					RIED NEVER MARR	IED L	ore Cit		
ľ	0 CI	Y OR TOWN OF DEATH			PITAL, NURSING HOM			128 USUAL OCCUPATION FOR MOST OF WORKING LIE	N (TYPE OF WORK	K 12b KIND O OR IND	F BUSINESS
	É	Baltimore	14	75.0	Calverton Re	1.		TOR MOST OF WORKING LIE	c)	J OK II TO	031111
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	4. FA	THER'S NAME FIRST	MIDOL	LE	LAST		15. MOTHER'S MAIDI	EN NAME MIDDLE	7000	LAST	
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	(YE		IVE WAR OR I		100. SOCIAL SECORII	1140.	Edward	Dines 5	ZNX	inde	Nave
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one o	couse per line	for (o), (b), and (c).)					APPROX.	MATE INTERVAL ONSET AND DEATH
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l		Conditions, if ony, whi	ich	DUE TO, OR	AS A CONSEQUENCE	OF					
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1		lying couse lost.		(c)							
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	CAL	UNDERLYING OR CONTRIBUTING CAUSE C	OF DEATH	HOUR A.M	. MONTH DAY YEAR	`					
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED WHILE NOT WHILE			OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LC	OCATION STREET	CITY OR TOWN	- 0	OUNTY	STATE
		AT WORK AT WORK									
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1		death resulted from:	otural cous	ses X.	Accident , Su	icide	, Homicide ,	Undetermined monner	<u></u> ,		
1		ACTUAL N	M	2	11		TITLE (SPECIFY)	.+	DATE	E 1-2	1-83
1		SIGNATURE	2	1	y		w.b. <u>Assistan</u>	MEDICAL EXAMINER	SIGN	VED 4-2	1-05
1		EXAMINER'S NAME VA	nn M.	Dixor	n, M.D.		ADDRESS 111 Pe	nn St., Balt	o., Md.	. 2120	1
2	230.BU	IRIAL, CREMATION, REMOVA	1 23b DA1	. 2 8	3 23c. NAME OF CE.	METERY	OR CREMATORY	23d. LOCATION	h 3	NAIA	STATE
1	24. FU	INDERAL DIRECTOR		5		0	ASO. DATE	REC'D. BY REGISTRAR 256	DEGISTRAR'S	SIGNATURE	
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4/19/83

Burial

Wm. March F/H

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Md. Veteran Cem.

1101 E. North Ave.

REG. NO.

26 HOUR

8:25

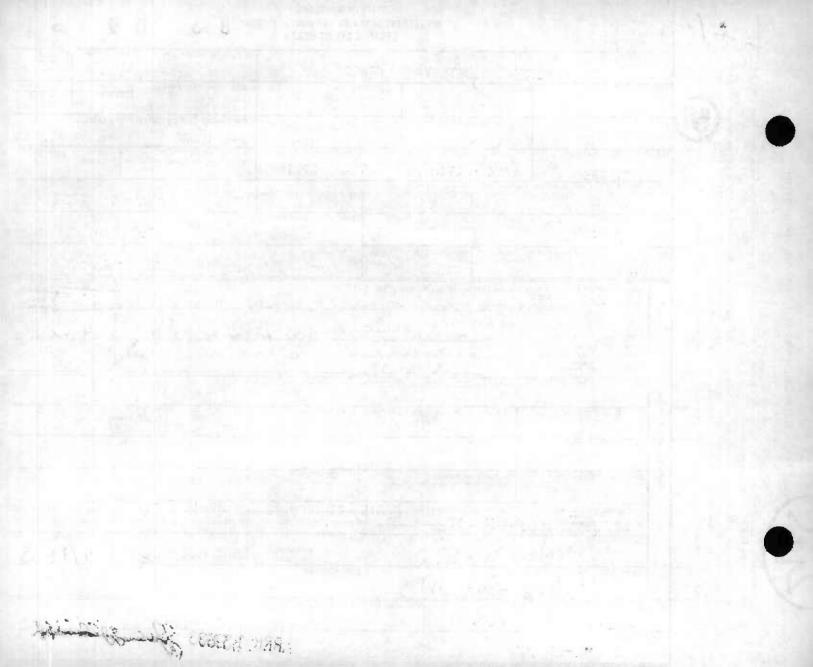
IF UNDER 24 HRS

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COUNTY

Crownswille

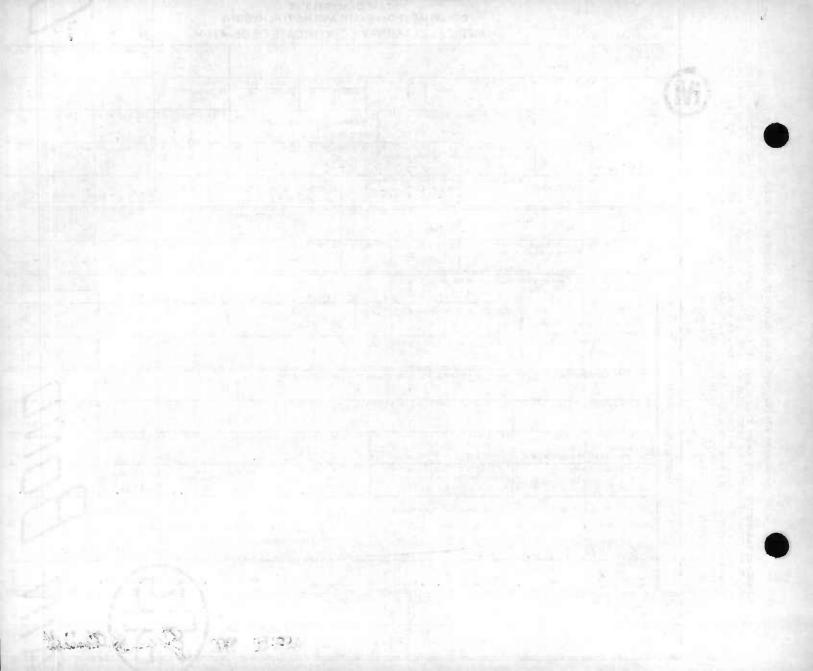
STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN FIRST MIDDLE I. DECEASED NAME YEAR 2b. HOUR HTHOM DAY (TYPE OR PRINT) OF ESTI-DEATH MATED Frederick 83 319 lones 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST_BIRTHDAY) PRONOUNCED 4:58F 2319 83 DEAD To BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X DIVORCED Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 0 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Baltimore Maryland General Hospita USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 136. COUNTY 113d. INSIDE, CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAJDEN NAME 1 AND MID LAST FIRST 168. WAS DECEASED EVER'IN U.S. 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO DE LING (NOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gastro intestinal bleed MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEI JRIAL, CREMATION, O lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 211 LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinian death resulted from: Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** MD Deputy Chiefedical EXAMINER 4/24/83 SIGNATURE EXAMINER'S NAME III Penn St. Thomas D. Smith. M.D. Balto., MD. (TYPE OR PRINT) **ADDRESS** STATE BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED GREGORY **JONES** 19 83 H. 6. AGE (IN YEARS | IF UNDER 1 YR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR 2:54 DATE MONTH LAST BIRTHDAY PRONOUNCED 21 65 1983 Black 9 17 YRS RETHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA DIVORCED Baltimore City MD WIDOWED D. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS AND 2 SHOULD BE FILED OF VITAL/RECORDS, 201 V Baltimore Maryland General Hospital 130: STAMD 1350 W. North Ave. 1136 COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elizabeth Carl Jones Caple T. PAGES 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS N/A Elizabeth Jones 1350 W. North Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of thorax (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF anditions. I any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 12:43xx 4-2-Subject shot. 2 Ie PLACE OF INJURY (AT HOME 21L LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 2500 blk. Woodbrook Ave.. Balto, City Md. street TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STABALTINGORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 4-2-83 Assistant SIGNATURE. 111 Penn St., Balto., Md. EXAMINER'S NAME Ann M. Dixon, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 4/6/83 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Baltimore MIDTE Mt. Zion Cem. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR (1) REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH DAY 2h HOUR (TYPE OR PRINT) ESTI-Roland. DEATH MATED 4/11/839 Lunn Jones 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. S. DATE OF BIRTH IF LINDER 24 HRS DATE 94:430R LAST BIRTHDAY) PRONOUNCED Male Black 8 4/11/839 P 61 21 DEAD Je BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Baltimore City Balto WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 18. GIVE PAGES 1, 2, ATTEN PAGES 1, 2, ATTEN PAGES 1, AND 2 SHOULD BE FILL PAGES 1 AND 2 SHOULD BE FILL PAGES 1 AND 2 SHOULD BE FILL PAGES 1. **Baltimore** University Hosp. Shock Trauma Unemployed 13e STREET ADDRESS Balto. 13a. STATE 13b. COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? Md Balto 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Randall Edward Tones Dolphin (YES NO OR UNKNOWN) Dorothy Jones 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING A OR MEDICAL 0.00M. 4/10/8319 subject shot CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALJIMORE, MARYLAND, 21201 P street, FACTORY, FARM, ETC.) Blk Dolphin St., Balto., Md. .. WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held on Inspection Inquiry and in my apinion Homicide X death resulted fram: Undetermined manner TITLE (SPECIFY) Assistant 4/11/83 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Hormez (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION King Mem. Park Burial 4-15-83 Randallstown Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Geoffrey Miller 1348 Calhoun Stree N. (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))



CA Colon. PRICHA PRINCIPA 11/5/85 Rooma Monrewille Elia Kengun H. Dr. 21254 who we have the same

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100	1	ATHER'S NAME Benjamin Frank	Lin Jondan	15. MOTHER'S MAIL Martha	DEN NAME Nettie ADDRESS	Longest
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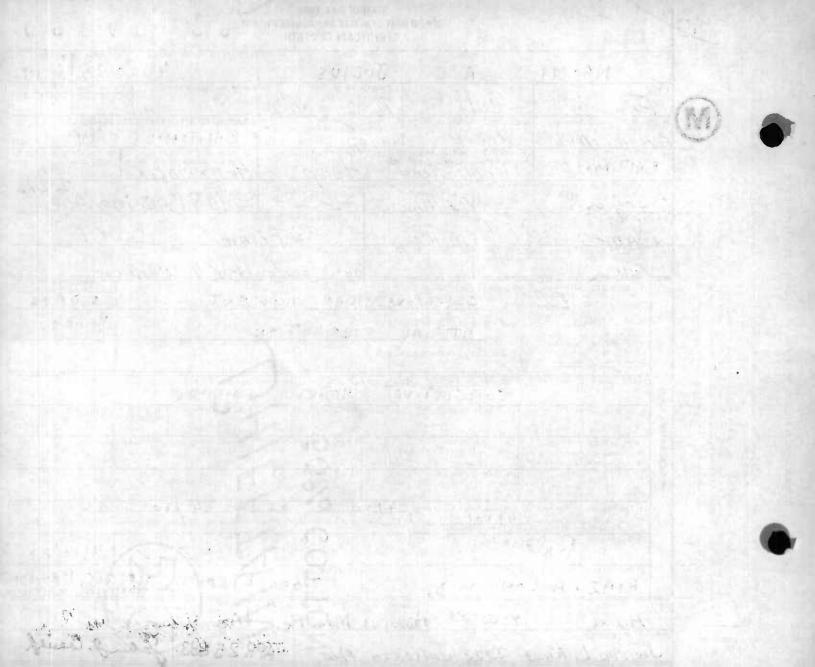
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STATE OF MARYLAND

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(VR A 15 (4))	1	DEFALLIKUS.	9 2222 W. 1	YORTH	FN5	APR 25	1983	John	-0	



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EPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	U

ST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
é	April 19, 1983	м
6, OAY 1901 YEAR	6. AGE [IN YEARS LAST BIRTHDAY] IF UMON	NDER 1 YEAR IF UNDER 24 HRS 1HS DAYS HOURS MIN
NEVER MARRIED DIVORCED	Baltimore City Or COUNTY OF	
R OTHER INSTITUTION		12b. KIND OF BUSINESS OR INDUSTRY
13d INSIDE CITY LIMITS? YES (1) NO [13e. STREET ADDRESS 5727 (edonia Av	e. 21206
Lillian		czyński
Bertha Kape	lanczyk 5727 (eflo	nia Ave/
WARY ARI	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OT RELATED TO THE TERM	inal disease or condition given	IN PART 110-

18 CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSE	ECAUSE(0) CARDIO PULMONARY A	RREST	
4215	by one couse per line for (o), (b), and (c), D BY: E CAUSE (a) CAROLO POLITIONARY DUE TO, OR AS A CONSEQUENCE OF		TELL MULLISSON
Conditions, if ony, which	(b)		
gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sigma \cong \cong\cong \cong \co
	19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCC	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO

Should be differed with the Stoll Dept. MPORTANT 230. BURIAL, CREMATION, REMOVAL 23b DATE

- STATE REGISTRAR DECEASED NAME TYPE OR PRINT

COUNTRY

Md. 4 FATHER'S NAME

Mala H. BIRTHPLACE

Joseph

CITY OR TOWN OF DEATH

Baltimore

3 SEX

Leon

I STATE OF FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

White

USA

7b. CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME O 5727 (edonia HVE.

Balto.

Kapelanczyk

poge 3

DALTIMORE 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

PHYSICIAN

|SPECIFY| Burial

sow the deceosed olive on.

obove, (1) (we) (did) (did not) view the body ofter death

Holy Rosary Cemetery

DEGREE

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

John M. Weber & Sons Inc. 407 . Chester St.

220 DATE SIGNED

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	W			STAT	E OF MARYLAND				
12	×	FOR - STATE	DEP		EALTH AND MENTAL HY	GIENE 8 3	0	9 8	6;
V	-	REGISTRAR DECEASED NAME FIRST	WIDDLE	CENTIF	ICATE OF DEATH	REG. N			
		TYPE OR PRINT)		110-11	VITTE	20. DATE OF DEATH	MONTH DAY		26 HOUR 0 353
	-	THEOD	JK C	KASH		4.405	4 20		er.
	3.	M ale	1. RACE aucasi	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
	7.	BIRTHPLACE (STATE ON FOREIGN	76. CITIZEN OF WHAT COUN	06	26 28	9. BALTIMORE CITY C	YRS.	PEATH	
-	5	COUNTRY	1. CITIZEN OF WHAT COOK	MARRIE	D NEVER MARRIED		THORE	_	
2	_ 10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, N	WIDOWE URSING HOME C		120. USUAL OCCUPAT			F BUSINESS (
4:	3	Baltimore	South Balti	more yer	reral Hospita	(lectrica	OF WORKING LIFE)	DUSTRY ,	
o /) :	-4	BUAL RESIDENCE (IF NURSING HOME OF STATE TIBECOL	OR OTHER INSTITUTION GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13a STREET ADDRESS			
Y) 1	Naryland Bal	timore Lanso		YES NO	3316 Kess.	ler (ou	nt 21	1227
S S	14	FATHER'S NAME	MIDDLE LAS	it.	15. MOTHER'S MAIDEN NA			LAST	
	4	James Kasaki	tis		Catherin	e Krick		LASI	had.
000	16	I. WAS DECEASED EVER IN U.S. A	DUE WALL COR DATES	SECURITY NO.	17. INFORMANT	ADDR	SS		
1		yes M	2 187-2	24-8812	Mrs. Leona	Ketusky Kasi	zkitis	3316	Kessl
ent, th		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (o), (bi, and ic.i				BETWEEN	MATE INTERVAL
otic e		5712	DUE TO, OR AS A CON	SEQUENCE OF					
troumotic		Conditions, if any, which	((b) C	IRPITO	515 08 1	IVER			
other tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF					
foro		underlying cause last.	(c) <u>C</u>	TRUNIC	ALCOHOLIS	SM			
, Kullury,	1		CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	4
ony =	7	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
						YES NO R	IN CERTIFYIN		OF DEATH?
18 shows	3 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PART	1 OR PART 2)	
E	7 3	OR CONTRIBUTING CAUSE OF D	AIN .	DAT TEAR					
20	7	21d. INJURY OCCURRED	218. PLACE OF INJURY		21f. LOCATION	CITY OF TO	WN	COUNTY	STATE
morked or Hem	1	WHILE NOT WHILE AT WORK	AT HOME, STREET, PACTORY, O	FFICE, FARM, EIC)	JINEET	2.17 04 10			
E s			oital) attended the deceased f		-10 19 3	3 to 4-2	.0 , 19.	83,1	hot-(h-(we)
21 !		sow the deceased alive a abave, (1) (we) (did) (did r	n 4-20 of view the bady after death.	19.83, or	nd that in (my) (out) opinion	death occurred an the d	ate and hour an	nd fram the c	auses stated
Herm		22b. SIGNATURE	n/n-	c	DEGREE	CONTRACTOR OF STREET		22c. DATE S	SIGNED
IMPORTANT: #		Sleur	- 10 Morr	rson	ATTENDING PHYSICIAN [MEDICAL STA	IAN D	4-	208
IAN		224 PHYSICIAN'S NAME (TYPE			22e. ADDRESS	10.01)		- 174
IMPORTANT:			1 MORRISON		3001 5,		_		
	23	BURIAL, CREMATION, REMOVA		4.	EMETERY OR CREMATORY	23d. LOCATION	П с	OYNTY M	/STATI
-		burial	4/23/83	Meadow	ridge (emeter	a	Howard		ırylan
/B2		FUNERAL DIRECTOR	11 400	RESS .		DD O O 4000	256. RESSTRAR	2'S SIGNATU	JRE
	1	Ambrose Funeral	Home. 1328 Su	Inhun .) n	mino Rd.	PR 20 1983	100	1	week

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Wm C. March F/H Inc. 1101 E. North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR

FOR

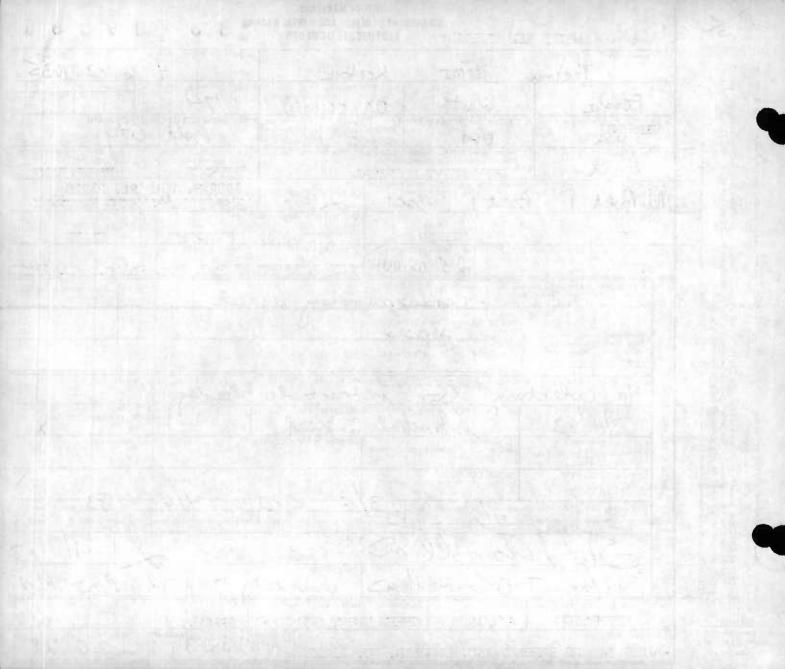
REGISTRAR

74. FUNERAL DIRECTOR

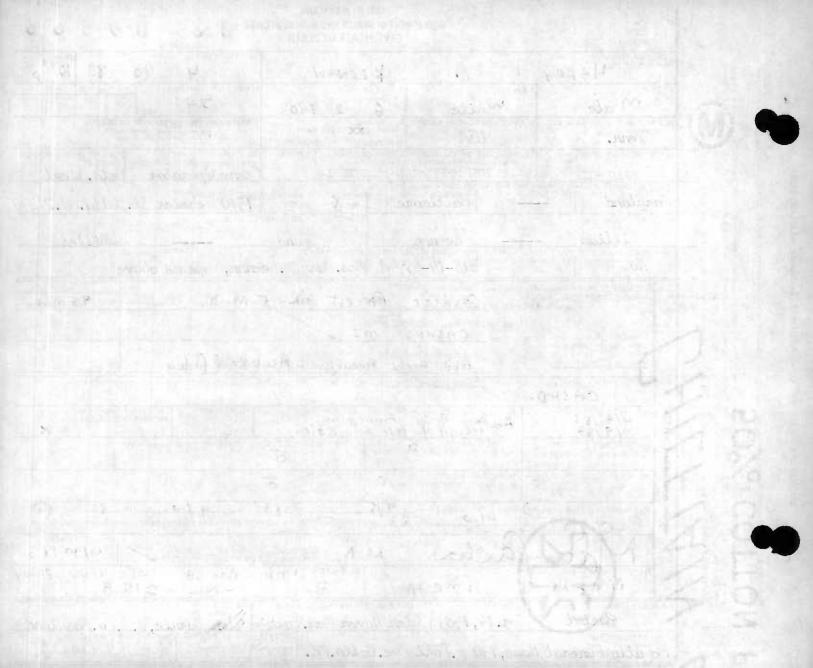
DHMH - 16 50M 4/82 (VRA 15, 4) - STATE

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(VRA 15, 4)



DIVISION OF VITAL

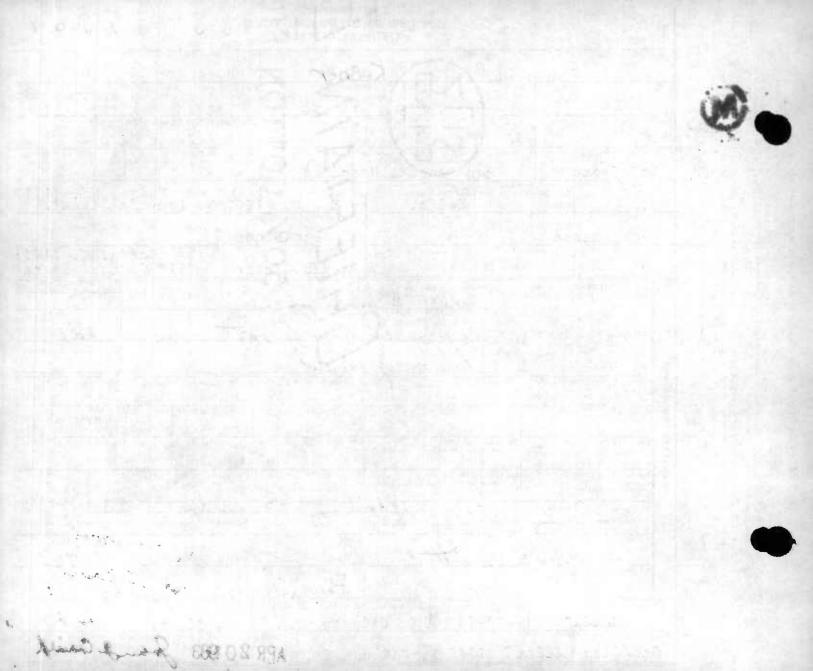


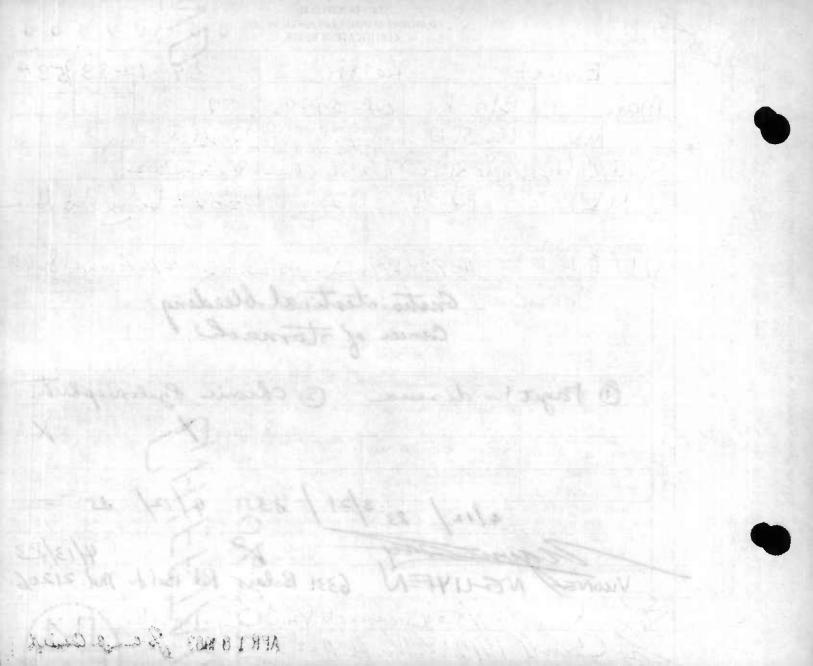
- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





20, 1983 DOROTHY FERN KELLER 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) нтирм 7 4° 20 Female. White 68 JOE BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTO CITY U.S.A. Maryland WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife P BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TJa. STATE 13th COLINITY Baltimore 13e STREET ADDRESS rely filled 2 should b 13d. INSIDE CITY LIMITS? Maryland 21 S. Arlington Avenue IA FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George S Daisev Lillian Garrity ADDRESS 166 SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217-16-0854 Sandra Kelly 2653 Wilkens Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MASCAUSE (O) INTRABBOOMINAL HEMORRHGE 1500CZ W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF SPLENIC ARTERY ANEURYSM. UPTURE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 200 AUTOPSY2 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO iol-transit | intol Hygie 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ò CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE MEDICAL STAFF should be detai **PHYSICIAN** DIRECTOR PHYSICIAN IMPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) PELCZAR, MD ST. AGNES HOSPITAL, WILKE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY)

4/25/83

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

24 FUNERAL DIRECTOR

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

MIDDLE

- STATE

TYPE OR PRINTS

REGISTRAR

EIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Loudon Park Cem.

LAST

REG. NO

IF UNDER 1 YEAR

INDUSTRY

COUNTY

22c. DATE SIGNED

STATE

Maryland

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Smith

21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20 DATE OF DEATH MONTH

Baltimore

WELD DELL APRIL 20 PT TO STATE APRIL 20 THE ARL E RELEGIONS ON THE ST. AGMES NO SITAL HATELERS THE STAY AND are thing, med that motion the court of Mer 2 1983 John J. Caring

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W	10	REGISTRAR DECEASED NA	AAF FIRST	W	MIDDLE	EXAMINE	R'S CER	RTIFIC	ATE O		TH V	REG. N			-	4
8		(TYPE OR PRINT)			dward		(ASI			2	Or	KNOWN [YEAR	26 HOUR
Z0 3838	1	SEX	W I I	I I alli		ACE (INIVERNI		WILLIAM DEATH MATED UNDER 1 YR. IIF UNDER 24 HRS. 24 DATE						25 I	19 83 YEAR	2d HOUR
27. PS	No. STR	Male	White	Dec 13,	1917 AR	LAST BIRTHDAY)	MONTHS								1983	4:16P
MAS S		BIRTHPLACE	(STATE OR	76 CITIZEN OF	WHAT COU	MARRIED	□ NEVE	FR MARRIE	ED XE	BALTIM	ORE CITY	OR COUN	NTY OF DEATH			
DATE OF THE PERSON NAMED IN	TVD	Mary.	land	U.S.A	U.S.A. WIDOW					0 0	Bal	timor	e,Ci-	ty,		MD.
5 年 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2		CITY OR TOW	N OF DEATH	11. NAME OF HO			OR OTHER I	INSTITUTI	ION		AL OCCUP	ATION (TY	PE OF WORK	12b. KIN	ID OF BU	
FAG TH	100	Baltin		Good :	Samari	tan Hos	pital					Stoc	k Cl	1	A& I	
- 0050	0	SUAL RESIDENCE	E (IF IN NURSING HO)		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION				Y LIMITS?	13e STREI	ET ADDRE	SS				
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. 64		FATHER'S NA		MIDDLE	Kelly	LAST	15.	MOTHER	S'S MAIDE			IDDLE			AST	
DEATH GEST AND	25/2	Will	iam F	Edward	K-17-	sr			len		I		Mo	cGee		
至 ~ 在 00 円	2 10	MAS DECEA	SED EVER IN U.S.	ARMED FORCES?	166. SO	CIAL SECURITY I	17.	INFORMA	ANT		Kell	ADDRES	S			
S AFT GIVE THE F	JS /	Yes		TW 17	220	2-01-215	4	Mr 1	Howar			596	7 Be	nton	Heid	rhts
201 W. PRESTON ST., BALTIMORE, Uted within 24 hours after deal in Pencil in 1tem 18. Give Ap. Ges Examiner along with F.C. M. Pial IRANSIT PERMIT, PAGES, F.A.	á	18 CAUSE	OF DEATH (Enter	anly one couse per li	ne far (a), (b), and (c).)								API	PROXIMATE	INTERVAL AND DEATH
ON ST., 24 HOUI TIEM 18 ONG V PERMIT.	AL. AL	PARTI	7 97 IMMED	SED BY: DIATE CAUSE (0)AC	terios	cleroti	c_car	diova	ascul	ar_di	seas	e				
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WENT W	E.S.	couse	(a) stating the und		R AS A CO	NSEQUENCE OF										
	N N N N N N N N N N N N N N N N N N N	iying c		(c)	1011											
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL R3 SHOULD BE USED AS A BURE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION IN PRIOR TO BURIAL, CREMATION, OR REMOVAL.		R SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEAT	TH BUT NOT REL	ATED TO THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PAR	T 1 (a)						
IOF VITAL REF TATE SHOULD THE WORD "PER THE CHIEF M	H	190 DATE	OF OPERATION	196 CON	196 CONDITION FOR WHICH OPERATION W					ON WAS PERFORMED?						
MITA SHO SRD SRD CHIE	N N N	Ĭ I													YES NOX	
DIVISION OF V NMR. THIS CETTIFICATE S (CATE, WRITING THE WC F FORWARDED TO THE I	O PEN	2 la EXTER	NAL CAUSE WAS		OF INJURY	DAY YEAR	21c HOW	INJURY C	OCCURRED) (ENTER N	ATURE OF INJ	URY IN ITEM 18	PART FOR P	ART 2)		
ON THE	R. R.	CONTRIBL	NG OR ITING CAUSE C	OF DEATH P.	.M.	19										
CERTIFIC CERTIFIC TING TH DED TO 3 SHOU	PR	CLI .	Y OCCURRED		E OF INJURY		211. LOCAT				CITY OR TO	WN	0	OUNTY		STATE
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE WE PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE	1 8 A	30. BURIAL, CREA	AATION, REMOVA	L 236 DATE	23c.	NAME OF CEME	TERY OR CI	REMATOR	RY	23d LOC	ATION		CO	YIMU	ST	ATE
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. Date omore Let The entire and a will equipment /4/1903 mirownaying Vet. Growneville as o. mc. Samuel of the State

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) OF ESTI-4-28-83, SUSAN C. KENNEDY 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 4-28-83, :34P DEAD FEMALE WHITE 29 64 19 01 TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED | DIVORCED MARYLAND Baltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital - STU DESK CLERK MOTEL/HOTEL 13e STREET ADDRESS NA COUNTY 13d INSIDE CITY LIMITS? BALTIMORE OWINGS MILLS 505 GRANLEIGH ROAD, 21117 MARYLAND YES _ NO 50 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MELVA KERNS JOHN KENNEDY 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO OWINGS MILLS DIVISION JOHN I. KENNEDY, JR. 505 GRANLEIGH ROAD 217-80-7620 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple gunshotwounds DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION WRING NARDED TO INC. PAGE 3 SHOULD BE USED AN STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 219 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XX OR subject shot CONTRIBUTING CAUSE OF DEATH WHILE X NOT WHILE AT WORK 407 Reisterstown Rd. Baltimore Co., Md. EXECUTE THE CERTIFICATE, A PAGE 4 SHOULD BE FORW, TO FUNRAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2 Autopsy XX 22a I certify that I taak charge of the remains described obove, held an Inspection and in my opinion Homicide XX. Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 4-29-83 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY MARYLAND NATIONAL MARYLAND 05-02-83 LAUREL BURTAL P.G. BP 24 FUNERAL DIRECTOR 21229 25c. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VR A15 ME (5)) 20M 4/82

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(VRA 15, 4)

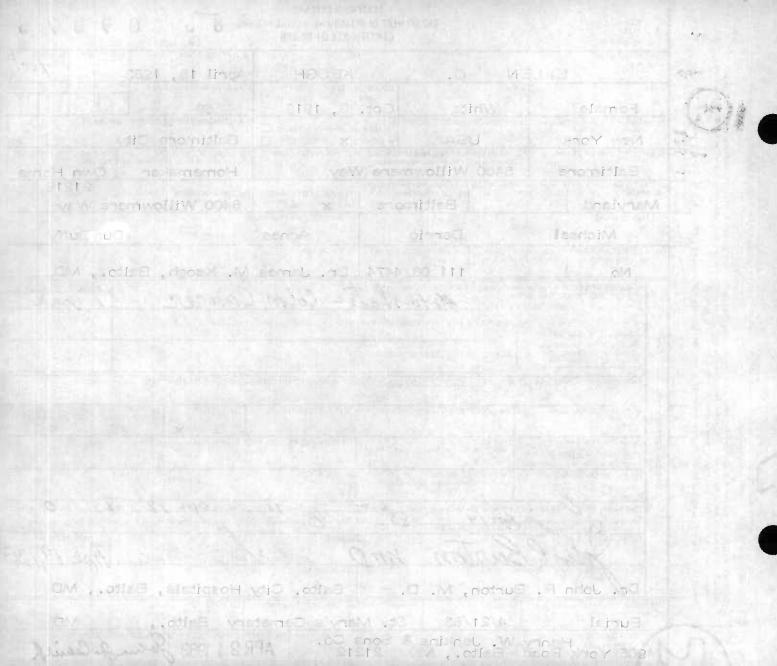
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deo					1	ESTELLE		ENNY			4-0	0	3		~ * M
or, p		3. SEX	Hamal a		RACE		5. DATE O		YEAR	AGE (INYE		MY) IF	UNDER I YE		DER 24 HRS
irect			Female		White		OCE.	23,1906		76		YRS.			
he funeral director, page 3 within 72 hours after death	- 25 ee.	col	HPLACE (STATE OR INTRY) Maryland	12.1	USA	WHAT COUNTRY?	WIDOWE		CED 🗆		echyorc ltimor				MD
by t	O Spied	10. CITY	Baltimor		1. NAME OF F	HOSPITAL, NURSIN H FACILITY, GIVE STREET A VOOD NUTS	GHOME C ODRESS) Ing H	OR OTHER INSTITUT		120. USUAL O (TYPE OF WORK) H C	CCUPATION FOR MOST OF WO Memake	ORKING LIFE)		OF BUSI	NESS OR
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d co	medical		S DECEASED EVER		ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT			825 RES.	Lake	e Ave		
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een signed by the otte it. Then please remove ior to burial, cremotion	ny injury, or other troum	P	Conditions, if ony, gove rise to improve (a), stating underlying couse ART 2. OTHER SIGN	nediote ig the lost.	ONDITIONS CO	- While	PEATH BUT	AH C		NAL DISEASE			V IN PART		
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g physicertificat	dem 18		OR CONTRIBUTING (FEITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATI	JRE OF INJURY IN	ITEM 18 PAR	T I OR PART 2	1	
offendir ter this is the bu	rked or	ME	WHILE HOT WE AT WO		21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	7	15 5.	CITY OR TOWN	101	COUNTY	1.3	STATE
Spitol or CTOR: Af for use of of Heoli	21 is mo	21	col certify that (I) sow the decease		attended the	deceased from	3,00	d that in (my) (our)	opinion de	, to	on the date of	and hour o	and from the		(we) lost stoted
y the ho RAL DIRE detoched ote Dept	VT. If Hen	2	With	7	-c	nexs	9 9	• PHYS	DING X	MEDICAL DIRECTOR	STAFF PHYSICIAN	· O	22c. DA	II/8	3
etoined b TO FUNE should be	MPORTANT	2	MITHEMA	AME LEYPE OR	AROT	12A.		GOOD P		a Ar	- Be	ero	Med	21	212
BP	_	230 BUF	Burial			2,1983	Но1у	Redeemer			imore		COUNTY Mar	vlan	STATE
AH - 16-50M 4 (VRA 15, 4)	/82	Ba1	ERAL DIRECTOR NAME Mitch timore,	ell-Wi	edefel	d Homeress 6.	500 Y	ork Rd.	"APR	1319	SISTRAPISM SISTRAPISM	COSTR	y s s late	money	

DHMH - 16-50M ((VRA 15, 4)

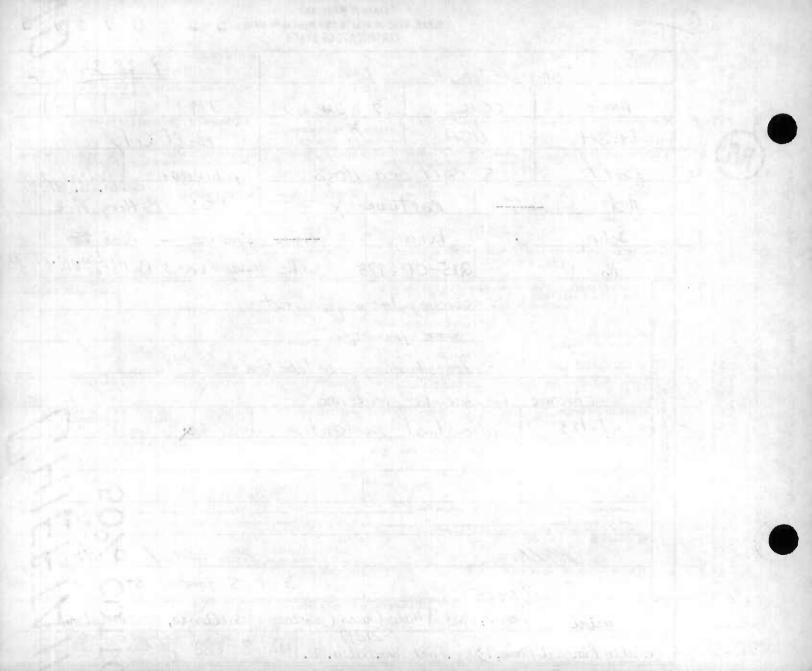
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	1.	STATE REGISTRAR			DEPARTI		EALTH AND MENTAL F	HYGIENE	8 S	0	98	1 3
		CEASED NAME	FIRST		MIDDLE	L	AST	2a. D	ATE OF DEATH		AY YEAR	2b. HOUR
Sp with:			ELLE	-	D.	1356	KEOGH		oril 18,			7001
1	3. SE	x	4.	RACE		S. DATE C		6. AG	E (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	IF UNDER 24 HRS
		Female		Whi		Oct.	2, 1913		69	YRS.		
	7a B	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BA	LTIMORE CITY O	R COUNTY	OF DEATH	
u 8.77		New York			ISA	WIDOWE			Baltimor			MD.
The state of the s	10 C	TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST O			F BUSINESS OR
(E) (Baltimor			Willown		Nay		Homema	ker		Home
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ē 52		laryland			Baltim	ore	YES X NO		400 Wil	lowme	re Wa	iy
425 A	4. F/	THER'S NAME	MIC	DOLE	LAST		15. MOTHER'S MAIDEN		MIDDLE		LAS1	7
6/3//		Michae			Derrig		Agne:	S			Du	iffy
dico di		VAS DECEASED EVER	U.S. ARME	ED FORCES?	16b. SOCIAL SECL	IRITY NO.	17 INFORMANT		ADDRI	SS		
S. Po		No			111 03	4474	Dr. Jame	s M	Keogh	, Bali	to., N	
t, th		18 CAUSE OF DEAT	1 (Enter only	one couse per		dia 0	_				BETWEEN C	MATE INTERVAL
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gned n ple burit ny, o		PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL	ISEASE OR CON	DITION GIVE	N IN PART 110) '
The Sur The Su	CERTIFICATION					7.76						
prio ony	(A)	19a. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
it pe	TE							YE	s NO X	YES		NO 🗆
ol-tronsil rol Hygi m 18 sh		21a. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
te mol	MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19						
d M	ED	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARAA FTC)	211. LOCATION		CITY OR TO	wn	COUNTY	STATE
rke on /	5	WHILE NOT WH	ILE 🗆	(A) NOME OF	ret, racioni, orrice.	Ann Elej		. 200				
S. Al		22a.1 certify tho				No		, to	apr	18 1	9 7.3	that (we) last
of H 21 i		sow deceose obov deceose	d olive	April 14	oftendenth 19.8	5_,01	d that in (our) opini	ion death	occurred on the di	ote and hour	and from the	couses stated
ept.		774 SIGNATURE	0	11 .	4	400	DEGREE	1			224 DATE	SIGNED
eto Dote Dote D	- 0	10-12	nK)	SUDI	m	mil	7 ATTENDING	MEI DIRE	CTOR PHYSIC	IAN []	And	19196
Sto day		22£ PHYSE TUN'S NA	ME (THE ONE	RINTI	~~~	4	22e. ADDRESS				The state of the s	11/10
should b		Dr. John	R. F	Burton	, M. D.		Balto. C	ity H	ospitals	Bal	to 1	ND
shoul with MPP	23a. I	BURIAL, CREMATION,					EMETERY OR CREMATOR		LOCATION	,	, , ,	
		Burial		4/21			lary's Cem		CITY OF TOWN		COUNTY	AD STATE
70.	24. F							DATE REC	D. BY REGISTRAR			
16 50M 4/82 (A 15, 4)	1	UNERAL DIRECTOR 1905 York	Road	Balt	enkins	212	212	APR 2	1 1983	John	2. Car	
,	_ ~	JOO TOTA	11000	Date	0., 1010	- 14			1 1000	/	-	



5	T.	FOR STATE REGISTRAN		DEPART	MENT OF HEALTH CERTIFICATE	AND MENTAL HY		0	9 8	1
e 4 may be tor, page 3 after death	(TYP		ohn J	oseph	Keri		26. DATE OF DEATH	7 3	2 63	6. HOUR
ge 4 m ector, p prs after	3. SE	male	4. RACE	UC	5. DATE OF BIRTH	24 J'3	6. AGE (IN YEARS LAS			FUNDER 24 I
9 50 35 S	34	RTHPLACE (STATE OR FOREIG COUNTRY) RYLANDS A	76. CITIZEN OF	SA WHAT COUNTRY?	MARRIED N	DIVORCED	9. BALTIMORE CIT	OR COUNTY OF	OF DEATH	
	10. ⊂	Balf		HOSPITAL, NURSIN	IG HOME OR OTHE	ER INSTITUTION	120. USUAL OCCUP	ST OF WORKING LIFE)	126. KIND OF I	BUSINESS
filled in ould be	USU 13a.	AL RESIDENCE HE NURSING HE STATE	OMFOR OTHER INSTITUTION	13c. CITY OR TOW		SIDE CITY LIMITS?	130. STREET ADDRE	Ba	to Md.	212
ompletely f	14. F	ATHER'S NAME FIRST	MIDBLE	Kerr	15. MG	THER'S MAIDEN NA		11	LAST LAST	,
Poges 1 medicol		VAS DECEASED EVER IN U.	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	315-01	RITY NO. 17. INF	ORMANT	AD	DRESS	ifalto.	1d.21
ficate be obysicion popers. novol. ent, the r		18. CAUSE OF DEATH (En	ter only one couse pe AUSED BY:			20.11	,		APPROXIMA BETWEEN ON	SET AND DE
that the death cert d by the oftending lease remove corbo iol, cremotion, or re or other troumotic e		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DIRECTION OF AS A CONSEQUENCE OF LONG STANDARD LANGE LANG								
iction. The law requires iction. The has been signe as permit. Then progress prior to bur shows only injury, if	CERTIFICATION	PART 2. OTHER SIGNIFIC C. 600 190. DATE OF OPERATION 4/4/83	nic lyne	phocy lic pition for which tenstinal	leu ker	nia	200 AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
3 PHYSICIAN: The rending physicic re this certificate the buriol-transit and Memilal Hygic ced or Item 18 should be	MEDICAL CE	216. ACCIDENT WAS UNDERLY IF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 216. INJURY OCCURRED	OF DEATH HOUR A		AY YEAR 19	OW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2}	9
4 5 5 5	WE	WHILE NOT WHILE AT WORK	(AT HOME ST	TREET, FACTORY, OFFICE, F		STREET	CITY O	RTOWN	COUNTY	STAT
OR ATTEN he hospital DIRECTOR: oched for us Dept. of He if hem 21 is		220.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (c) 22b. SIGNATURE	ve on	19	, and that i		mEDICAL S	TAFF	22c. DATE SIG	uses state
TO FUNERAL should be detwith the Stote		228. PHYSICIAN'S NAME	4 Meyes		220 A	DDRESS 3000		over St		
BP		BURIAL, CREMATION, REMO Burial	Nay 2,	1983 H	NAME OF CEMETER	6	Battino	,	Marylan	
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	al Hama 1.	O C ADDRESS	21230	250 DA	TE REC'D. BY REGISTR	AR III EGISTR	AR'S SIGNATUR	il fl

OF 44 - DVI - 44D



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	- STATE REGISTRAR					CERTIF	ICATE OF	REG. NO.						
		CEASED NAME OR PRINT)	FIRST	11	MIDDLE	-/	AST		20. DATE OF DI	EATH MONTH	DAY YEAR	26. HOUR		
)			2000		rene	Ker		00,15		4	25-P3	6130p		
	3. SE	x Female		White		Mar.	ch 6 AY	1913	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
1	Md.			& CITIZEN OF WHAT COUNTRY? 8.			ARRIED NEVER MARRIED							
2				USA			WIDOWED DIVORCED			Balto. City				
5				11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI Good Samaritan			ODRESS)			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife				
5	13a. S	AL RESIDENCE (IF NURSI STATE 1d.	NG HOME OR COUNT	Y	GIVE RESIDENCE BE	OWN	13d. INSIDE (CITY LIMITS?	327 E.	DRESS Timor	ium Rd	., 2109		
0	14. FA	ATHER'S NAME		A T T E	- 1		15. MOTHER	S MAIDEN NAM	ΛE					
X	R	Robert		nton	Hall	1	Hel	e N	Ire	ne	Mc	Guigan		
2		VAS DECEASED EVER I		NED FORCES? WAR OR DATES)	166. SOCIAL SE 212-0	3-6416	17. INFORM. Mr.		nd R. K	err, 32		imonium		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION Stepe III Steast Carcinome and COPD												10		
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHI	ICH OPERATIO	OPERATION WAS PERFORMED				YES, WERE FINDI			
7	EDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED 21e. PLACE		P.A 21e. PLACE C	.M. MONTH DAY YEAR .M. 19			RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE						
	¥	WHILE NOT WHI AT WORK AT WOR	к		Annia						that (I) (we) last			
		sow medecegred alive on April 25 19 3, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we (idid) did not) view the body after death.												
DEGREE MA ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN OF THE PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN									STAFF PHYSICIAN [226. DATE	SIGNED W			
1		22d. PHYSICIAN'S NA		M >	Jahn		220. ADDRE	1	ch R	aven L	3/www .	21239		
		BURIAL, CREMATION, I	_	236. DATE		C. NAME OF C			23d. LOCATIO	OWN	Balto.	Md.		
		Buria	1	4/29/	83 I	Julaney	Valle	y Ceme	e Time	onium	Balto.	Md.		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Martin D. Lawson, 10 W. Padonia Rd. 21093

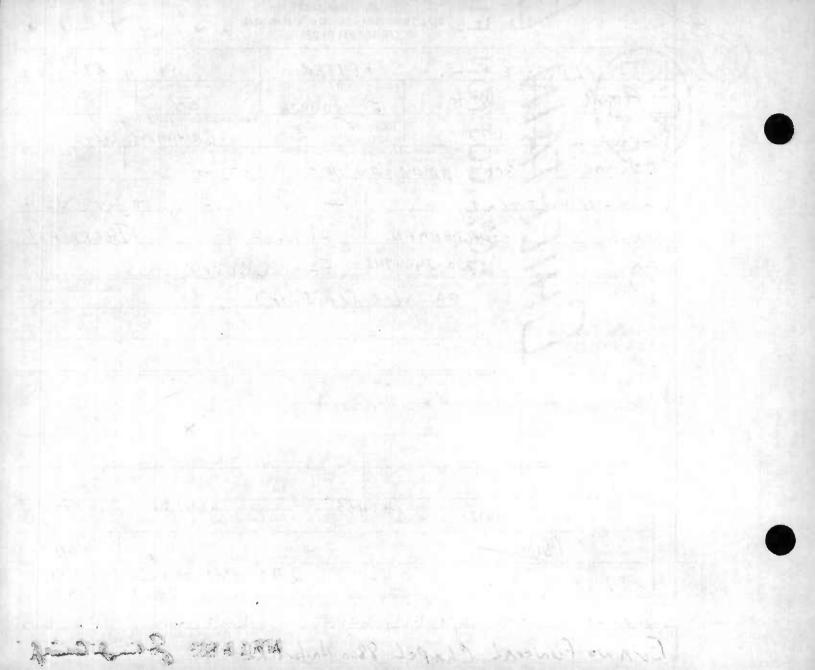
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Balto. Md.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



++	FOR STA	E ISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 0	0 9 8	7 9
170001	1. DECEASE	D NAME FIRST	MIDDLE	Kiehne	LAST	REG. NO. 20. DATE OF DEATH MONTH 4-2-83	DAY YEAR	26. HOUR 4 10 f
M)	Male Male		4 RACE White		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
25	BIRTHPL	ACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? B. MARRI WIDOW	ED NEVER MARRIED D	Balto. City	INTY OF DEATH	
90	Balt		II. NAME OF HOSPITAL,	rsing Ho	me	Its. USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKS Ret. Service		tendan
od bloom of 5	Md.	IDENCE (IF NURSING HOME		OR TOWN Tesville	YES NO A	607 H. Cranbi	rook Rd. 2	1030
ond 2		rman	MIDDLE	351	15. MOTHER'S MAIDEN NAM	MIDDLE	olfes	
Poge	Yes	PRUNKNOWN) (IF YES	THE WAR OR DATES	-01-7545	Britannia Ri	ADDRESS Lggs, same as 1	№ 13e	
ren please remove carban papers. o burial, crematian, or remaval. jury, ar ather troumatic event, the	gav caus und	Cho	# T	NG TO DEATH BU		INAL DISEASE OR CONDITION	GIVEN IN PART 10	1
ene prior t	RTIFIC	ATE OF OPERATION			ON WAS PERFORMED	200. AUTOPSY? 20b. I IN CI	FYES, WERE FINDIN ERTIFYING CAUSES YES	
s the burial-tronsit and Mental Hygie ked or Item 18 sha	OR CO	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF D ITHER, NOTIFY MEDICAL EXAMIN NJURY OCCURRED NOT WHILE RR AT WORK		19	211. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEA	COUNTY	STATE
se detached for use as State Dept. af Health ANT: If Item 21 is mar	22a.1	certify that (1) (this has	pital) attended the deceased in att view the body ofter death	1083	MAD ATTENDING PHYSICIAN	death occurred on the date and	22c. DATE :	
should be det with the State IMPORTANT:	22d. F	Anthony F.	Carozza, M.D.		220 ADDRESS 4214 Manorwo		mR 2	1057
w , 5		CREMATION, REMOVA	236. DATE 4-5-83	Zic NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Balto Md	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

Balto., Md.

250. DATE REC'D, BY REGISTRAR 21 JEGISTRAR'S HIGH URE

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en. yes yes the second of the

Polto. Edgewood Mireing None Joseph Artemony
45. Petro Vocapearline X NT A. Crembrook Ed. 2189

de delle 21s-01-75ts kritennia Etryn, mese so 13 15e

THE STREET STREET STREET

Ciliania de la Companya de la Compan

Anthony f. Caronia, H.D. 4214 Canorwood ft.

ausomensa ----- Josephol ent octor, M.

iacoard d. Aick, Inc., 7509 Mariot and hope L. L.

	1				STAT	E OF MARYL	AND					
	1	FOR STATE REGISTRAR ANGE	LlinA	Killi AS		EALTH AND	MENTAL HYG DEATH		S REG, NO.	0	9 8	8 0
		ECEASED NAME FIRST		MIDDLE	·	AST		20. DATE OF	EATH MO	INTH D	AY YEAR	2b. HOUR
death	,,,,	ANGEL	INA		KILL	IAS		APRIL	23, 1	983		8:16pm
o P	3. SI		4. RACE		5. DATE C	OF BIRTH		6. AGE IN YEA			FUNDER 1 YEAR	R IF UNDER 24 HRS
		Female	Whit		2 MONTH	6	13	70		YRS.	JAN	Mark.
20	7a. f	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	D NEVER	AAA PRIED	9. BALTIMOR	CITY OR	OUNTY	OF DEATH	
V	// (COUNTRY)	U.S.	A.	WIDOWE		NORCED	Balti	mere	City		M
1 m	10.0	LITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120. USUAL OF			126. KIND	OF BUSINESS OF
125	2]	Baltimore		h Home He		1			ewife		II II DOSTK	
3	USU	JAL RESIDENCE (IF NURSING HOW			ADMISSION)	13d. INSIDE C	TITY LIAAITS 2	13e STREET AL			12.0	The heits
20) 130	Maryland	301411	Baltimer			NO [. Pone	ca. St	treet	21224
-	14. F	ATHER'S NAME				1.0	S MAIDEN NA				CT-01-17-0	
100	3	George	MIDDLE	Ladias		St	ella		MIDDLE			eas
00		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT	en l	ADDRESS			
redi		NO (YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	232-07-1	977D	Thomas	s Killi	as, 714	S. Po		Stree	t
1		18. CAUSE OF DEATH (Ente	er only one couse pe	er line for (a), (b), and	licia			101	PIMPI	9 111	APPRO	XIMATE INTERVAL NONSET AND DEATH
ent.		PART I. DEATH WAS CA	USED BY:	CARDIOVA		R COLL	APSE					
1 5	1	147/ CIMMED	DIATE CAUSE (a)	CHINDIOVA	JUULI	IN COLL	711 32			==0		
0.1		7267		OR AS A CONSEQUE	NCE OF	ART BL	OCK					
100		Conditions, if any, which gave rise to immediate		COMPLE	וב חב	AKI DL	UCK					
1 1		cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE OF						100	
000			(c)_									
lay.	2	PART 2 OTHER SIGNIFICAL	_		EATH BUT	NOT RELATED	D TO THE TERM	VINAL DISEASE	OR CONDIT	ION GIV	EN IN PART 1	to
.6	HOLK		IABETES N					1	- I-	a. IF WE C	LATERE SILIE	
1 9		190 DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOR	. 1		, WERE FIND YING CAUSE	ES OF DEATH?
2	CERTIFIC					To the second			ио)(÷	s 🗌	NO 🗆
=	0	OR CONTRIBUTING CAUSE OF	110110 4	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER NATI	RE OF INJURY II	NITEM IB P	ART OR PART 2)	200
197	13	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19							100
5	9	21d INJURY OCCURRED		OF INJURY	ARM ETC)	211 LOCATI			CITY OR TOWN		COUNTY	STATE
age .	12	AT WORK NOT WHILE AT WORK										- (5.5)
E	1	220.1 certify that (I) (this h		he deceased from_	APRII		19 83	, to_API	RIL 23		1983	, that (I) (we) lo
2		saw the deceased alive abave, (I) (we) (did) (did	e an 4 /23	votter death	, a	nd that in (my) (aur) apinion	death accurred	on the date	and have	r and from th	ie causes stated
£		226. SIGNATURE	-1 1-	,		DEGREE					H. DAT	# SIGNED
		1 00	h com				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	Ν□	4/2	3/83
37		22d. PHYSICIAN'S NAME IT	YPE OR PRINT!			22e ADDRES	SS	00		/	1	10
18 1		M. A.	KASHL	AN		(forc	I Kon	~ (-1	0 81	Way	
13-	730	BURIAL, CREMATION, REMO	SHOAN)	NAME OF C	EMETERY OR	CREMATORY	123d LOCAT	ION			
		Burial	4-26					CITYO	RIOWN	n-	COUNTY	STATE
	24	FUNERAL DIRECTOR	4-20	108	r Tark	n Cemei		TE REC'D. BY RE	MOTE GISTRAR 258		RAR'S SIGNA	
M 4/82		licholas T. Mat	thews. 3	421 Easter	rn Av	enue	AP		83	The	9.1	2000
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uriel

4-26-83 Cak Lawn Cemetery Lalti ore altimere Ed.

Nicholas P. Satthews, 3001 astern avenue altimere, id.

3331 Brehms Lane, Baltimore, Md

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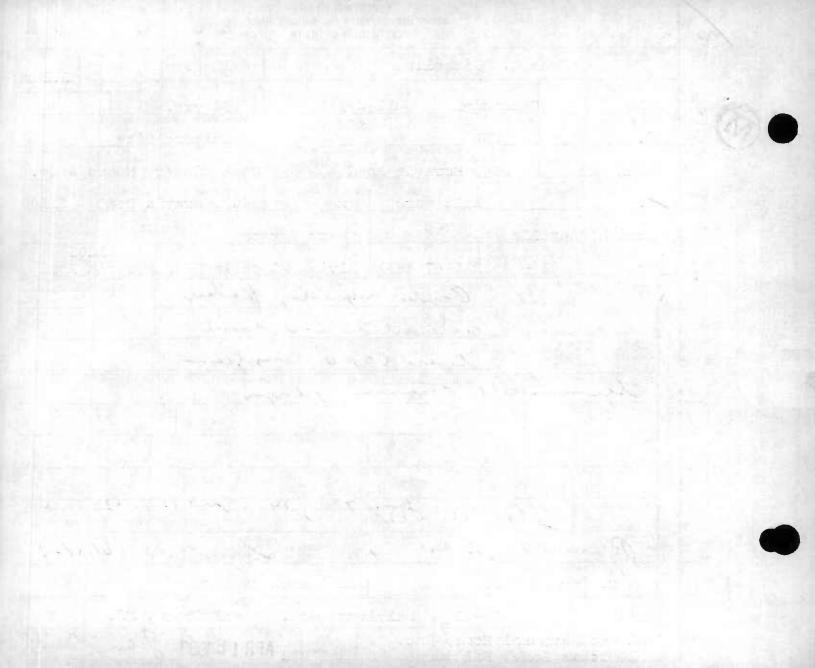
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. /	VI -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o	, ()	•
X		CEASED NAME FIRST	WIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
2	(1117)	ROBERT	С.	KIRO	CHNER		4 6	, 83	6:50 M
1	3. SEX		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	10	MALE	WHITE	MAI	RCH 17 1919	64	YRS.	VIMS DAYS	HOURS MIN.
2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? B.	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
100	5	W. VA.	U.S.A.	WIDOWE		BALTIN	ORE C	ITY	MD.
170	30 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME		12a USUAL OCCUPATION OF THE OF WORK FOR MOST O		126. KIND O	E BUSINESSOR
5/		BALTIMORE	MERCY HO			EXEC. PRES	SIDENT		DUCTS
70	USU	AL RESIDENCE (IF NURSING HOME C		CE BEFORE ADMISSION)			KINGSV		
	130. 3	100.000		SVILLE	13d. INSIDE CITY LIMITS? YES NO 🔀	11531 CI	EDAR L	ANE	21087
70	14. FA	THER'S NAME FIRST	MIDDLE	AST	15. MOTHER'S MAIDEN NAM	WE		LAS	T
2		GEORGE	KII	RCHNER	QUEEN				HTIN
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS		SAME
		NO	213-1	10-6965	MARIA ANN	KIRCHNER	(WIFE	7.11	DDRESS
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line lay of,	bi, and (c).)	1	1		BETWEEN	MATE INTERVAL DISET AND DEATH
2			ATE CAUSE (a)	rench	Mello	ranne	41-	4	SNRS.
		1889	DUE TO, OR AS A PON	SEQUENCE OF	In all	10			
	- 1	Conditions, il any, which	(b) 11	anser	I Cell	can		3	TR
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR ALLA CON	NSEQUENCE OF	Black	les.		1,01	
5		PART 2 THER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVEN	IN PART 10	
	NO	dine x	Bone	mile	ralala /) ralene	2		
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V		
1	T		The second second			YES NO	IN CERTIFYIN	CAUSES	NO [
G	C. C.		216. TIME OF INJURY	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	IY IN ITEM 18 PART	1 OR PART 2)	
	¥	OR CONTRIBUTING CAUSE OF DI	EATH	19			-		
5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM FIG.)	211 LOCATION	CUYORIO	WN.	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Circle Common, etc.)					
2		22s. I certify that (1) (this has	pital) attended the deceased	from	979 19		G . 19	83	that (I) (we) last
4		saw the deceased alive a	in 4 - (e	_19_83,01	nd that in (my) opinion	death occurred on the de	ite and hour a	nd fram the	causes stated
<u> </u>		Th SIGNATURE /	0 1/1		DEGREE		15 35	22c. DATE	SIGNED Ma
		Marik 0	Korl	6 M	ATTENDING PHYSICIAN D	MEDICAL STAF		4-	6-82
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	1-0	22e ADDRESS	00	1 1	1	1000
		KOBERT	L. DOYL	-E	333 0	1. Tank	1	ace	
2		BURIAL, CREMATION, REMOVA	L 23h DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		OUNIY	STATE
		BURIAL	4/9/83	HOLY R	EDEEMER	BALTIM		200(4))	MD.
	240	MEDITARIAN TOTAL	EDAT HOME	TNC	25e DAT	E DEC'D BY DECISTRAD	25% DECISTOA	DIC CICALAT	LIDE

DHMH - 16 50M 4/B2

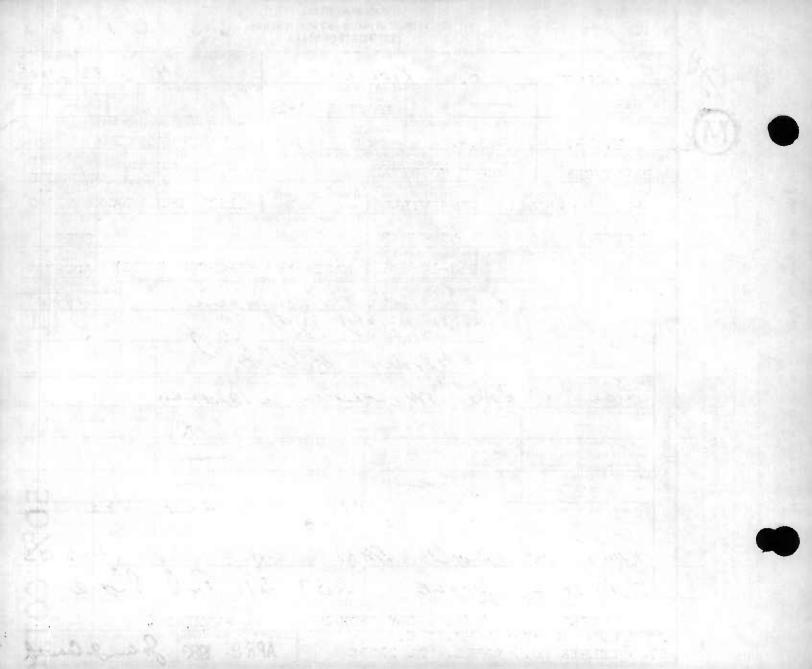
BP.

SCHAMONEK FUNERAL HOME, INC. 9705 BELAIR RD., BALTO. MD. (VRA 15, 4)

FOR

21236

APR 8 1983



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	8	REG. I	NO .	0	9	3	8	
M.	KIRCHNER	20. D/	ATE OF	DEATH	MONTH	16	3 - 2	PAR	2b. HOL	P



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FOR - STATE

I. DECEASED NAME SOBHIAA (TYPE OR PRINT) 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS sept. 30, 1895 Female White 87 78. BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Baltimore Mercy Hospital LISUAL RESIDENCE (IF NURS TO THE GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 216 Wickersham Way 21030 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Baltimore Maryland Cockeysville NO K YES T A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Steinrucken Regina Kehne Henry 21093 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Mr. John H. Kirchner 116 Hollowbrook Rd. 212-07-7547 D APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for to), (b), and ici. PART I. DEATH WAS CAUSED BY: ARTERIAL INSUFFICIENCY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F YES T 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21f. LOCATION 21ª PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET STATE AT WORK NOT WHILE AL WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased anye on 4/6 obove. (1) (we) (did) tdid nat) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22h SIGNATURE DEGREE 22c. DATE SIGNE DIRECTOR PHYSICIAN PHYSICIAN 22d PHASICIAN'S NAME (THE CREIN 228 ADDRESS AKUDU

DHMH - 16 50M 4/82 (VRA 15, 4)

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(SPECIFY Burial 24. FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL

4-20-1983

Ruck Towson Funeral Home, Inc. Towson, Maryland

23b. DATE

Most Holy Redeemer 1050 York Road

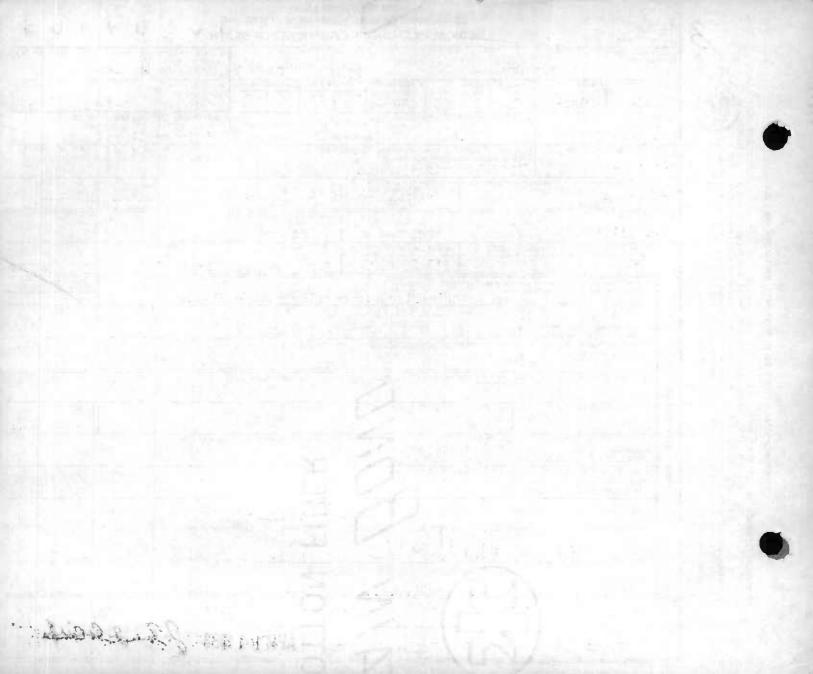
23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Baltimore, Maryland 250, DATE REC'D. BY REGISTRAR 256, RESISTRAR'S SIGNATUS

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20M 4/82

STATE OF MARYLAND



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ve. 21214	A Boowsengo : ral	Anopa ber	215-38-1804.0			
	No.			-14-1		

FOR

- STATE

REGISTRAR

3016 Chesley Ave. Frank 753 Augsburg Lutheran Home 6811 Campfield Rd. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM WAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 4/23/83 Anhburtons treat Baltimore City COUNTY 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 APR 28 1983 (VRA 15, 4) 8728 Liberty Road Randallstown, MD. 21133

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

17h. KIND OF BUSINESS OR

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IF UNDER 1 YEAR

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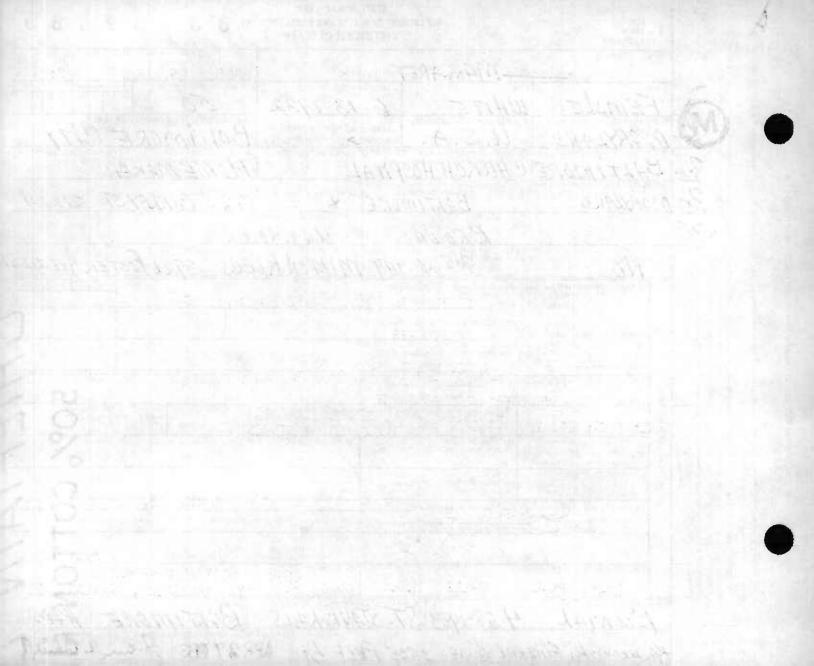
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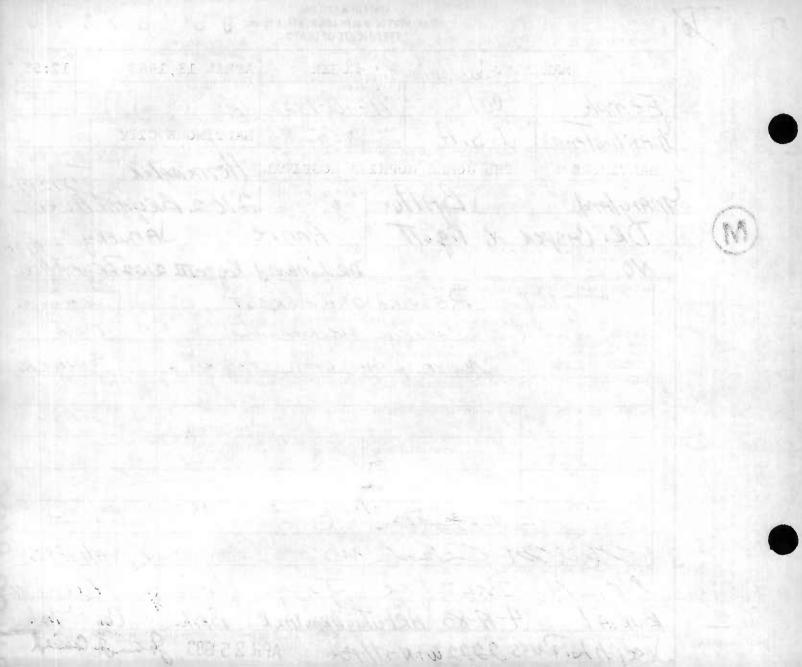
th	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE BESTLO O	783278
4 may be tar, page 3 after death		CEASED NAME Ches	ter A 1. RACE Caucasion	KO645 5. DATE OF BIRTH MONTH DAY YEAR	April 7 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 1983 1250 PM IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
er death. Page within 72 hours	n	RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTS 11. NAME OF HOSPITAL, NUR	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY Baltimore 120. USUAL OCCUPATION	City MD.
in 24 hours often	USU 13a. S		TY 13c. CITY OR TO	Hospital FORE ADMISSION 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2538 Fait AV	e 21224
ond cam Poges 1 or dramedicoles cam			MED FORCES? 16b SOCIAL SE	- 0	ZADROZNA ADDRESS TANOWSKI 2538	A LAST 2 Fa!=1.1247
equires that the death certificate to a signed by the ottending physicia. Then please remove carbon papers to buriol, cremation, ar removal. injury, ar other traumatic event, the injury, ar other traumatic event, the	NO	PART I. DEATH WAS CAUSE IMMEDIA! Governse to immediate cause (o), stoting the underlying couse lost.	OF DEATH (Enter only one couse per line for (a), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF or to immediate OUR TO OR AS A CONSEQUENCE OF. DUE TO OR AS A CONSEQUENCE OF.		/hemorrhage	APPROXIMATE MILEVAL BETWEEN ONSET AND DEATH
low r s bee ermit.	CERTIFICATION	196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU		
DING PHYSICIAN: The or ottending physicion or After this certificate has so she buriol-tronsit pool hand Mental Hygien marked or hear is show	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFH	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
PITAL OR ATTEN by the hospital ERAL DIRECTOR. So detached for un Stote Dept. of He ANT: If them 21 is		sow the deceased alive an	Nulker m	6 -3	n death occurred on the date and hou	19_3, that (I) (we) lost or and from the causes stated 120. DATE SIGNED 4-7-83
Pb. TO FUN should be with the MAPOR12		Brian UMPA, CREMATION, REMOVAL DURIAL	14/11/1983	Sinai HOLY POSARY	BALTIMA	RE M.D.
DHMH - 16 50M 4/B2 (VRA 15, 4)	N/	YMONDL'KA	CZOROWSKI	2525 FLEETSTA	PR 1 1 1983	RAR'S SIGNATURE

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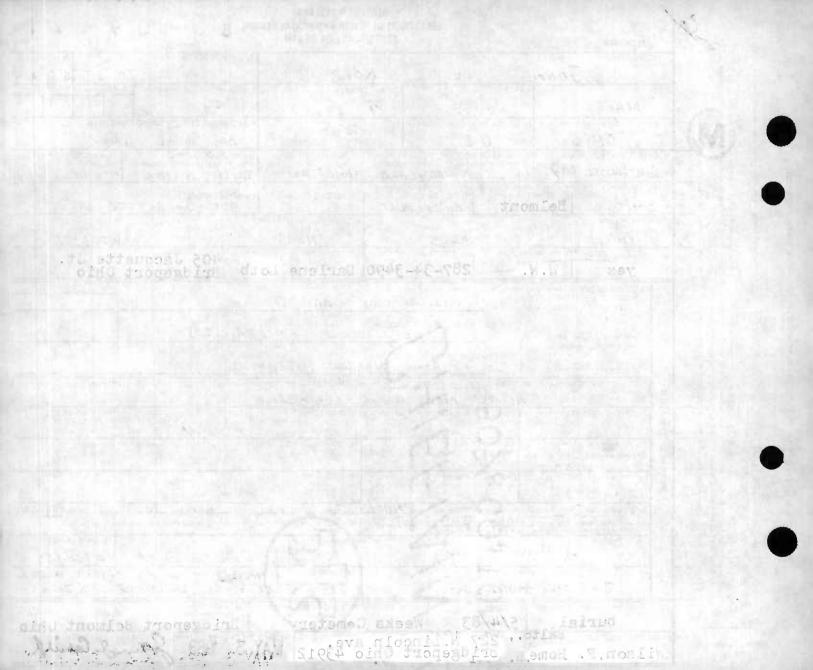
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X	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		8 3	0 9	8 8 9
		CEASED NAME FIRST	MIDDLE	LAST	20.	DATE OF DEATH MO	ONTH DAY YEA	AR 26 HOUR A
poge 3			GRET MARGARE	KOBUS		PRIL 25.	1983	2:25 M
od Car	3. SE	1-	1. RACE	5. DATE OF BIRTH	- YEAR -	GE IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS
(And	L	EMALE	WHITE	6 13	1932	20	YRS.	
W	10.8	ARYLAND	16 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVE	DIVORCED [BALTIM	ORE (SITY MD.
35	E	PALTIMORE	11. NAME OF HOSPITAL, NURS CHURCH HO	SPITAL	NSTITUTION 120	TOMEN	AKER 121. KIN	ND OF BUSINESS OR TRY
filled by and by a series of the series of t	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY BALT	ORE ADMISSION) WN MORE YES A	CITY LIMITS?	STREET ADDRESS	LEY ST	21224
300	14. F/	THER'S NAME FIRST	MIDDLE BRAULS	15. MOTHE	CN KNOW	MIDDLE		LAST
Poges 1		/AS DECEASED EVER IN U.S. A les, no drunknown) (18 yes, g	REMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 215 28	0949 MIK	TON KOB	US 392	6 FOSTER	2 AVE 2122
anpapers. emoval. event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), (BETW	PROXIMATE INTERVAL
			ATE CAUSE (0) SFPTICE	MIA (GRAM NE	GATIVE AND	FUNGUS)		
nave carb otion, ar iraumatic		5557	DUE TO, OR AS A CONSEO					
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s oprior	Į.	190 DATE OF OPERATION	RIVISION OF	TEOSTOMY PER	TSCHEMIS!		Ob. IF YES, WERE FIN N CERTIFYING CAU	
Mental Hygiene	MX		1988 FISTULA FROM		THE STATE OF	YES NO NO	YES 🗌	№ □
BI R	Ü	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	INJURY OCCURRED	ENTER NATURE OF INJURY II	TITEM 18 PART I OR PART	1.2)
Dunal-trail	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 211. LOCA	TION			
	ME	WHILE NOT WHILE	AT HOME, STREET, FACTORY OFFICE		REET	CITY OR TOWN	COUNTY	Y STATE
olthond		AT WORK AT WORK	pital) attended the deceased from	WARCH 11.	19 83	to APRIL 2	25, 19 8	3 , that ((we) ast
of He 21 is			pital) APRIL the desposed from	O3 , and that in (m	ny) (our) opinion deat	h occurred on the date	and hour and from	
ept.		obove, (I) (did) (did)	net liew the body ofter death.	DEGREE	9		22c. D	ATE SIGNED
detoc tote D		Um)	rale Day		ATTENDING M	REDICAL STAFF	NO 4	1/25/83
with the Stote		224. PHYSICIAN'S NAME TYPE	OR PRINT)	22e. ADDR	RESS CHURCH I	HOSPITAL CO	RPORATIO	N
should be with the St		MKXXX PRAS	SAD SÓMPALLI M	.D. 100 t				
- 5 3 3	23a	SUPPL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY O	OR CREMATORY	23d LOCATION I	A ACOUNTY	WA NATE
		JURIAL	14-28-1983	1. SIANIS	MUS	DV417/11	IURE	MH.
16 50M 4/82	24 5	UNERAL DIRECTOR	ADDRESS	2. 1 13. 1	250. DATE RE	D. BY REGISTRAR 251	REGISTRAR'S SIG	NATURE CAN TO TO
A 15, 4)	26	CZCCOWSKI FUI	EXAL SOME DE	25 / 1884	OT MIN	6 1 100	Jones	~ control



1	X		STATE OF MARYLAND			/w .co
36	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 9 8	9 0
•	I DE	CEASED NAME FIRST	MIDDLE LAST	REG. NO		12b. HOUR
poge 3			GARET Josephine Picotkoger	APRIL 13		12:55
ofter d	3 SE	Temple	4. RACE S. DADE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
Sing Sing	1/=	TIME	76 CITIVEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OF	YRS.	
Me 777 M	11/2	ARINIPAD	MARRIED NEVER MARRIED WIDOWED SEMORCED	BALTIMORE		
4 4 22	2 RCC	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN NOTINISUCH FACILITY GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL	12a USUAL OCCUPATION	WORKING LIFE) INDUSTRY	OF BUSINESS C
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1 1 35	1	STATE 136 COU		130 STREET ADDRESS	BRUANTI	Ave,
(Air)	14. F/	ATHER'S NAME	MIDGLE 15 MOTHER'S MAIDEN NO	AME MIDDLE	[2	AST
7. A. X. 300	1	DK. (ASPO	1 N. 1190// FINNI	C	SAMUARG	/
11 11			RMED FORCES? 101 SOCIAL SECURITY NO. 17. INFORMANT	ADDRE	ss —	+04
0 0 0		NO	DR. KINWIT	d KogerTIL	2102 DR4	ANI AU
1 2475		18. CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b), and (c).)	7	BETWEEN	XIMATE INTERVAL NONSET AND DEAT
of the second			TE CAUSE (a) RESPIRATORY ARKI	EST	~	MINUT
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10 10 10 10		Canditians, if any, which	(CEREBRAL HEMOREH	NONE	/	DAV
he d mot e fre		gave rise to immediate cause (a), stating the	10)			
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Part of the Color	Z					
1 10 17	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
hos hos	I E			YES NOW	IN CERTIFYING CAUSE	S OF DEATH?
G PHYSICIAN: The I strending physician. Per this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or Item 18 shaws	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJUR		
SICIAN: ng physi certificat rial-tran entol Hy ltem 18:	1.0	OR CONTRIBUTING CAUSE OF DE				
PHYSICIAN: ending phys this certifica te burial-traind Mental Hy d ar Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M. 19			
or attending After this e as the buolth and Manarked ar	ME	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOV	VN COUNTY	STATE
DING or off Se os t se olth o morke		7%		2 1/12		
7 - ~ 5 0 ~	1		ital) attended the deceased from 41, 19	3 , to 4//3	19_0-3	, that (1) (we)
Ti do of of of of			at) view the bady after deoth.	death occurred an the da	ite ond haur and fram th	e causes stated
R h		22b. SIGNATURE	DEGREE			E SIGNED
75 750 -		Teil	M. Cool MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN 2 4/1	13/83
HOSPITAL of the FUNERAL Is the Store CORTANT: If		224. PHYSICIAN'S NAME (TYPE	OR PRINTY 22¢ ADDRESS			,
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TO HOSP retained In FUNE should be with the MAPORTA	22-	PURIL CREMATICAL PERSON			100 110	127
	230	BURIAL, CREMATION, REMOVA	1/4-10 00 1/2/ The Van	23d LOCATION	COUKTY	THINK
BP	1	JUK IH	17-19-80 MRBUIUS MEMITARI	- PHILUI	CUI	11/01
DHMH - 16 50M 4/B2	24 8	UNERAL DIRECTOR		TE REC'D. BY REGISTRAR	256 GISTRAR'S SIGNA	JRE
(\/PA 15 4\)		MADINA, KI	USS 2222 APPRESS 1/12 The ALO. AL	PR 2.5 1983	John John	-



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH FIRST 26 HOUR TTYPE OR PRINTS JOHN KOLB M 30 6.30 A. N IF UNDER 24 HRS 4 RACE IF UNDER I YEAR 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR MALE WHITE 38 23 JESBIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMONE WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMONE CTY HOSPITAL OF MARYLAND OHIO TRUCK SOUNCE TRUCK MIVER USUAL RESIDENCE (IF NURSING HOUSEN OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION) 13ª STREET ADDRESS 13d. INSIDE CITY LIMITS? Belmont OHIO 405 BRIDGEPORT YES [NO [JACQUETTE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PHILIP KOLR MARY WOODS 405 Jacquette St. 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 287-34-3490 Darlene Kolb Bridgeport Ohio yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ENCEPHILITIS SEPSIS Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse NECROSIJ BONE MARROW CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT VITAL RECORDS, CERTIFICATION MONOBLASTIC LEUKEMIA 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JO NOISINIO (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify the (1)(this hospital) attended the deceased from MARCH, 22 APAIL sow the deceased alive on APAL, 30 above (11) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22a ADDRESS FUNE old be UNIVERSITY OF MD CANCER CENTER JAVIER HORNEDO 22. S. GREENE ST. BALTIMORE MD 21201 show th 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE burial Weeks Cemetery Bridgeport Belmont Ohio 24 FUNERAL DIRECTOR Balto. Md. 21225 DHMH - 16 50M 4/B2 George J. Gonce F.H. 4001 Ritchie Hy (VRA 15, 4)



ABINGDON, MARYLAND

FOR

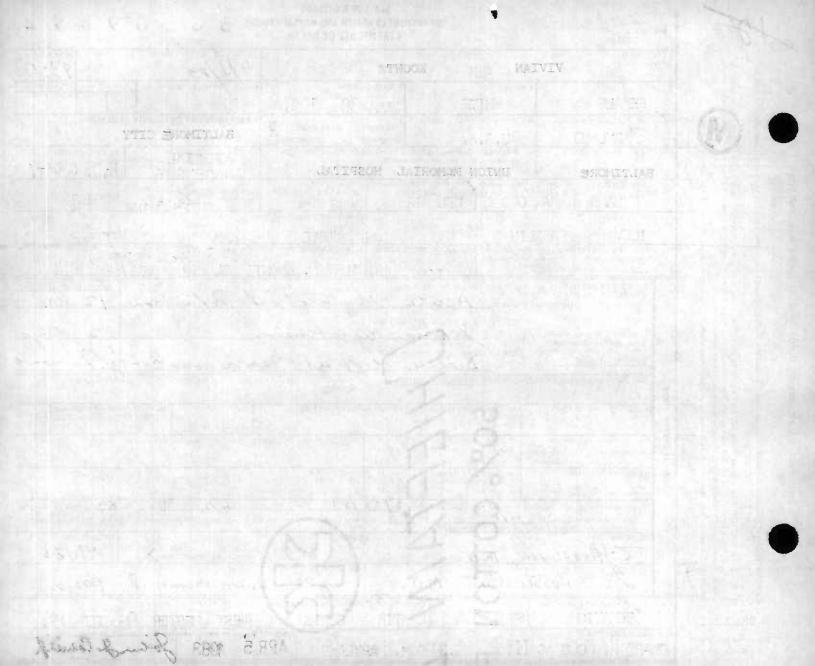
HOWARD K. McCOMAS III

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Lassahn Funeral Home 7401 Belair Rd.

FOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1630 Edmondson Ave., Catonsville, Md APR 18

Witzke Catonsville Funeral Home, PA

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DHMH-16 30M 2/80 (VRA 15, 4)

(SPECIFY)

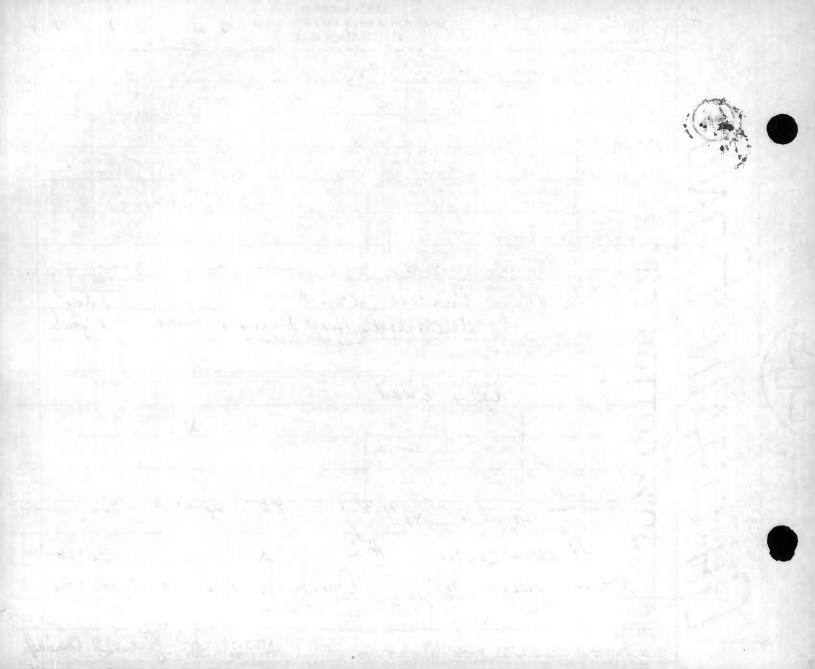
Burial

24 FUNERAL DIRECTOR

Washington Cemetery

Law Funeral Home 4611 Park Heights Ave.

250. DATE REC'D. BY REGISTRAN 256. APR 20 1983



12		REGISTRAR		CENTI	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MOP	NTH DAY YEAR	2h HOUR
poge 3 r deoth	(TYPE	CR PRINT)	an V. I	(raute		April 9, 198		11:00A
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hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
35	M	aryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore C		
Shifted S		TY OR TOWN OF DEATH 1timore	11. NAME OF HOSPITAL, NUR- (IF NOT IN SUCH FACILITY, GIVE STR Maryland Gene	EET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife		OF BUSINESS
	13a. S	AL RESIDENCE (IF NURSING HOME OF LATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 13c, CITY OR TO Balti		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2211 W. Rog	rers Avenue	2120
また	14 F#	THER'S NAME WIlliam I	E. Banks		15. MOTHER'S MAIDEN NAME FIRST	ME	ŁA.	
medicol		VAS DECEASED EVER IN U.S. AI			17. INFORMANT	ADDRESS		
E		No	215 01	3391	Wesley Home	e, Inc. 221	1 W. Reger	
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m 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	CAIN	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART ?)	
a Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION		50007	STATE
marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
am s		22a. I certify that (4) (this hasp	oital) attended the deceased from	April	5, 19 83	_, to April 9.	. 1983	thatXI) (we) I
n 21			April 9, 19	83	and that in my) (aur) opinion (death accurred an the date of		
T. T. F. Fe		276. SIGNATURE BOTH	m		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	120. DATE	3/83
TAN		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
with the State		Jose Boston			c/o Maryland	General Hos	pital	
7 5		SPECIFY			CEMETERY OR CREMATORY	236. LOCATION	COUNTY	STATE
_		JNERAL DIRECTOR	4/12/83	oudon	Bark Cemetery	Baltimore E REC'D. BY REGISTRAR	Maryland	TUDE
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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR 11:00A M

12b. KIND OF BUSINESS OR

Regers Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

21209

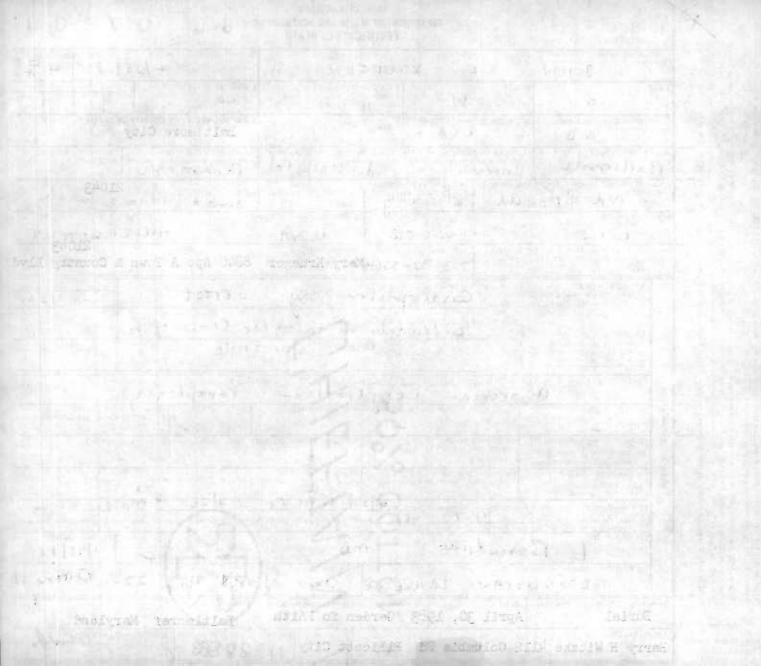
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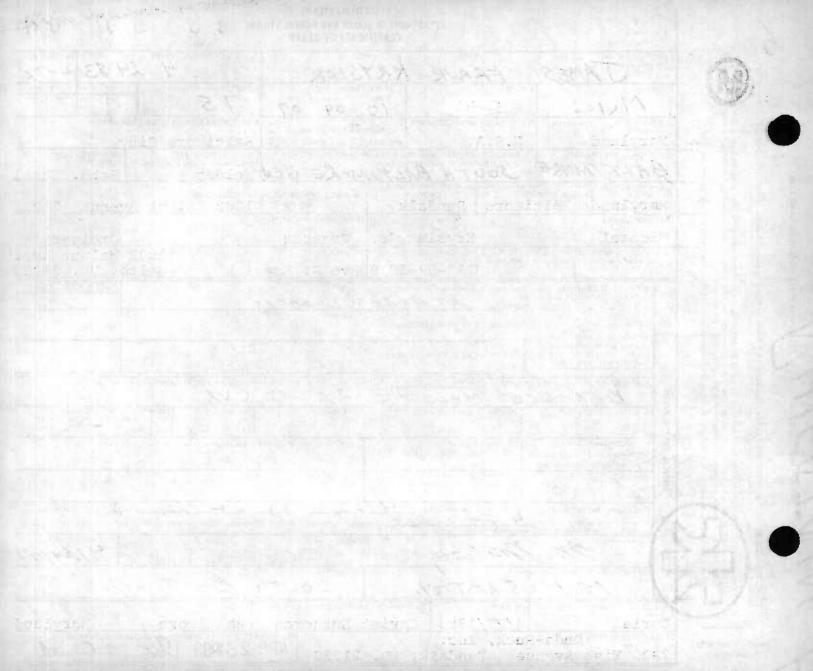
Lassahn Funeral Home 7401 Belair Rd.

FOR

(VRA 15, 4)

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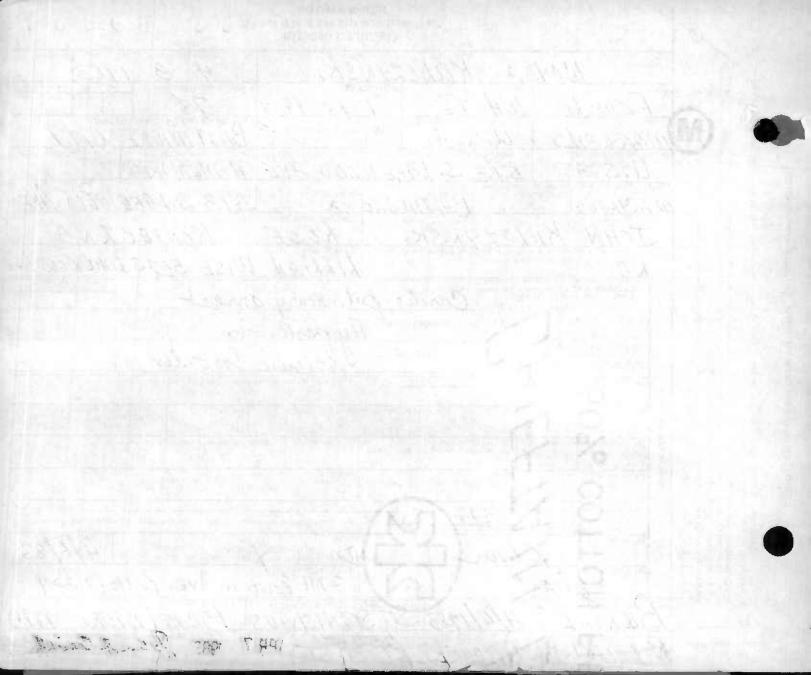




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(VRA 15, 4)



D	1			STATI	OF MARYLAND				
1	1.	FOR - STATE	DEPARTM	MENT OF H	EALTH AND MENTAL HYG	IENE A 3	0	9 9	0 5
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST	Bridie MID Kurtis	1. 1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
		BRID		KU.	RTIS	04-2	9-83	3	5.35 p
	3. SE	X	1. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
19 .			VV	01	Zô 93	90	YRS.		Mile.
		IRTHPLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
繩	1	RELAND	USIF	WIDOWE	DIVORCED [C175			M
I Led	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 		OR OTHER INSTITUTION	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND O	F BUSINESS OF
674	1	13ALTIMORA	LUTHERA	N	Hospieth	retires		-	
TOE	13a S	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		21	224
		Md Ba	IT. Balt.		YES NO	711 8 09	demy	La	0-1
Di A	14. FA	ATHER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NAM		-		
300		Uhknows	(A3)		64 Knews	WIDDLE		EAS	1
0		WAS DECEASED EVER IN U.S. ARA		-	17. INFORMANT	2104	§S.	Ellicol	- city.
med		YES, NO OR UNKNOWN)	WAR OR DATES) 53 820	0823	Thomasing S	DON 344	16.10	WA Tre	e D.
ě /		18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), and	l (c)				APPROXI	MATE INTERVAL ONSET AND DEATH
ven		PART I. DEATH WAS CAUSED	BY:	and	to reminer	me com	05	-	AND DEATH
ofic e		4040	DUE TO OR AS A CONSTOUR	NCE OF	1				
E	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Ph	ermonia				
1		gove rise to immediate couse (o), stating the							
oth		underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF					
γ, ο		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONF)ITION GIVEN	IN PART 1ce	
ים	O								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
SMO	IF					YES T NOT	IN CERTIFYIN		OF DEATH?
S .	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	-	21c. HOW INJURY OCCURR		1		
-	A	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR					
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION				
S. S	¥	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	VN	COUNTY	STATE
3		22a 1 certify that (1) (this hospite	ol) offended the deceased from	04-2	7-13 1983	_, to 04 - Z	9 19.	83	that (I) (we) los
7		sow the deceosed alive on obove, (1) (we) (did) (did not		93. on	d that in (my) (our) opinion d	eoth occurred on the do	te and hour or	nd from the	couses stated
e a		27b. SIGNATURE	Contraction of the contraction o	C	DEGREE			22c DATE	SIGNED
<u></u>		11	Mes (_ /	40 ATTENDING PHYSICIAN	MEDICAL STAF	IAN D	4.2	29.83
Z 1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		730	A.r.L.L	200
S S		Clardio L	augis MO		Luthern	(tospital	733	11379	1-100 57
=	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CE	METERY OR CREMATORY	23d LOCATION			
		Burial			ns Cemetery	St"Jonns	Lane F	Tico	ttCity

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL

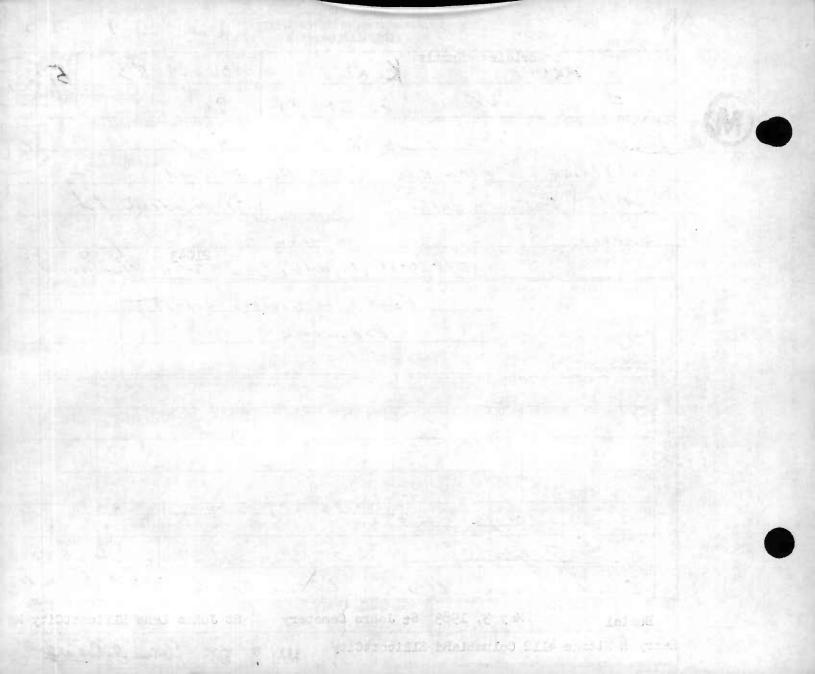
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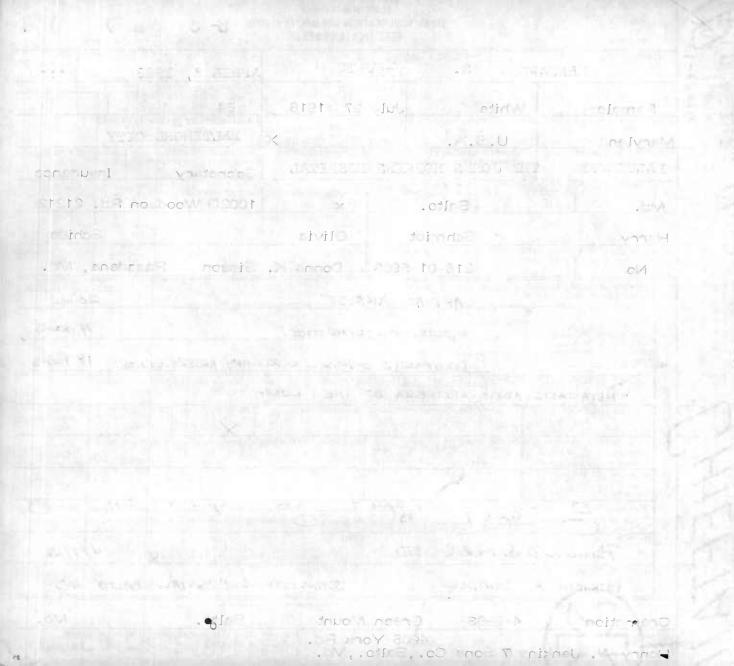
retained by the hospital or attending physician.

74 FUNERAL DIRECTOR
Harry MH Witzke 4112 Columbia Rdon Ellicott City

250 DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE

MAY 3 1983





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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.					
	RST MIDDLE	(AST	20. DATE OF DEATH		YEAR 2	b. HOUR			
(TYPE OR PRINT)	LLIAM J.	LACEY			412	83	1158			
SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS			
MALE	WHITE	MAY	10, 1900 YEAR	82	YRS	DAYS	HOURS MIN.			
BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY OF DE	ATH				
MARYLAND	USA	WIDOWE		BALTIMORE	CITY		ME			
BALTO., CITY	11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY THE UNION	TAL, NURSING HOME C TY, GIVE STREET ADDRESS) MEMORIAL H	OSPITAL	120. USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTR	F WORKING LIFE) IND	KIND OF EUSTRY	BUSINESS OR			
SUAL RESIDENCE (IF NURSING I) 30. STATE 136	HOME OR OTHER INSTITUTION GIVE RECOUNTY 134 C		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		- 1	21210			
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		7					
JOHN		LACEY	MARY	E .	CO	CHRAN	V			
WAS DECEASED EVER IN 1		OCIAL SECURITY NO.	17. INFORMANT	ADDRE		CIMENI				
NO (16	YES, GIVE WAR OR DATES) 216	5-32-8828A	LAWRENCE R.	LACEY 1537	DELLSWAY	RD.	21 204			
18 CAUSE OF DEATH (E				TE INTERVAL						
PART I. DEATH WAS		ERDIAC A	RRSST.				2. 1 10.00 4 10.00			
14273				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Conditions if any will		CONSEQUENCE OF	C WORNT	Block						
gove rise to immedi	Conditions, if ony, which (b) COMPLETE HEART BLOCK.									
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			ER 11/ 2:1 Bloc							
	CANT CONDITIONS CONTRIB		NOT RELATED TO THE TERM		DITION GIVEN IN P	ART 110				
	erial END		MS COPD	ASCVO						
<u>u</u>	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C					
210 ACCIDENT WAS UNDERLY		IGNE		YES NO	YES 🗌		NO 🗌			
On CONTRACTOR CAUC			21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR P	PART 2)				
(IF EITHER NOTIFY MEDICALE		19								
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJ	TORY OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR 10	wn cou	NTY	STATE			
	s hospital) ottended the dece	osed from LII	5 19 83	10 411	2 10 5	2 1	ot (I) (e) ost			
sow the deceased of	live on 4/(2/	19 8 3 00	d that in 'my) (our) opinion		te and hour and lie	om the cou	uses stated			
22b. SIGNATURE	did not) view the body ofter d		XEG#EE			DATESIC				
Michael	Er an Msg/a		CONTRACTOR OF THE PARTY OF THE	MEDICAL STAF		1/12	183			
22d. PHYSICIAN'S NAME	(T)PE OR PRINT)	0	2e ADDRESS	- New York		-				
Mich MICH	HAEL EGAN/WEND	Y KLESZ M.D	. 201 EAST U	JNVERSITY PA	ARKWAY					
30 BURIAL, CREMATION, REA	NOVAL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	Y	STATE			
BURIAL	APR.15,19	83 ST. MAR	RYS, GOVANS	BALTIMORE		15-56	MD			

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 9 1983

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m.4		CEASED NAME FIRST OR PRINT)		MIDDLE		AST		MONTH DAY	YEAR	26 HOL	IR
y be		Salle		Ly Sarah	Lic	mback	April 12,			4:15	
9e 4 m	3. SE	Female	4. RACE Bla	ack	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS !	MIN.
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by the full with filed with		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET nd Genera	ADDRESS)	PITAL	170. USUAL OCCUPATION OF WORK FOR MOST O		12b. KIND (INDUSTRY	OF BUSIN	ESS OR
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d co	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE				
in and c		YES NO OR UNKNOWN) (IF YES	GIFE WAR OR DATES)			John Lamback	4201 Fords	Lane	il de		
p physicia an papers emoval. event, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per USED BY: IATE CAUSE (a)	Probable		:\$s			ACU ACU	imate inter	DEATH
e attending move carb notian, or r troumatic		Conditions, if ony, which	DUE TO, O	Chronic		Infections			2 mc	nths	
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n signe Then p r to bur injury,	TION			HE'LLIN	j.T.	NOT RELATED TO THE TERM	INAL DISEASE OR CON	120b. IF YES.		633	0
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this this add	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
		22a. certify that Of (this ha	spital) attended th		Janua		April	, ,	83	that XX	we) last
hospital RECTOR: ned for us		sow the deceased alive above, M (we) (did) (did	on April	12 19_	83 , 0	nd that in (🏰) (our) apinion	death occurred on the de	ote and hour a	and from the	couses st	oted
OR be ho cochec cochec be bept		22b. SIGNATURE	250	luggest	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	4/13		
HOSPITAL and by the FUNERAL uld be detended to the State ORTANT.	1	124 PHYSICIAN'S NAME IN	PE OKPRINTS	11		22e. ADDRESS			all. h		77.5
- 5 - 5 ± a.//		Robert E. Ro	by, M.D.	1			land Genera	1 Hosp	ital	100	
BP	23a (BURIAL, CREMATION, REMOV	23b. DATE 4/16,			Calvary Cem.	Baltimor		20'NTY	Md	STATE
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13/83		Modern Military North 12 Tankers Tank	. *

- STATE

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR MORK FOR MOST OF WORKING LIFE APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN [STATE 4-25-83 BP 250. DATP REC'D. BY REGISTRAR 256 AEGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

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FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWNXIX MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-FOR YOUR FILES. WITHIN 72 HOURS LANASA ANTHONY 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED 9:07A 4-29-83 DEAD YRS CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Md Baltimore City ID. CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS OR INDUSTRY Printer-Dulanev-Vernay Co. 10 Mandnew Road Raltimore 13. STREET ADDRESS Balto. Md. BALTIMORE, MD. 21201 30. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY Bal to Mardrew Rd. Md 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST LAST Frank Marie Brady Lanasa 10 MardreWorkd., Balto, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO DIVISION Mrs. Dorothy Lanasa Yes APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMITAL AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION 19a, DATE OF OPERATION OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW AT THE FULL MITH AND THE STATIONORE, MARYLAND, 2 BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) DATE 4-29-83 SIGNATURE Assistant EXAMINER'S NAME 111 Penn Street Korell, M.D. Margarita A. (TYPE OR PRINT) ADDRESS_ 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) STATE Burial 5-2-83 Loudon Park Cem Balto. BP 24 FUNERAL DIRECTOR 5151 Balto . Nat'l . Pike 150 DATE REC'D. BY REGISTRAR 156 REGISTRAL **DHMH - 17** G. Truman Schwab #21229 (VR A15 ME (5) 20M 4/82

. BM . . Stroff SIS No Western or 120 K. NOTE TO SEE THE PROPERTY OF THE PARTY OF THE Selection Link Car. 1212

13. STREET ADDRESS 1103 Overbrook Lene , 21239 Quigley Mary Lou Quigley, 11 Charles Brook Rd. 21212 APPROXIMATE INTERVAL ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES (NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Ublfost. Palti. Md. 20208 Burial Baltimore, Maryland 4-15-83 Most Holy Redeemer 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

30

IF UNDER I YEAR

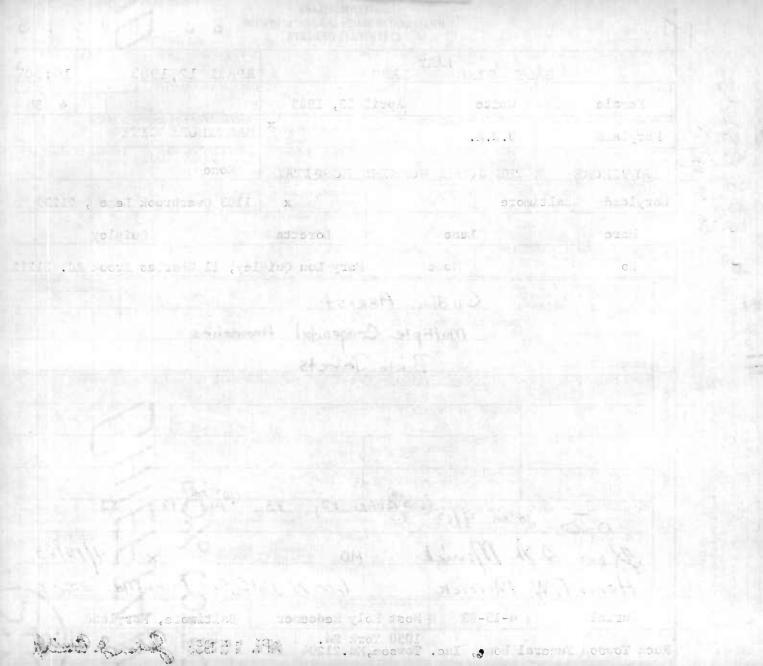
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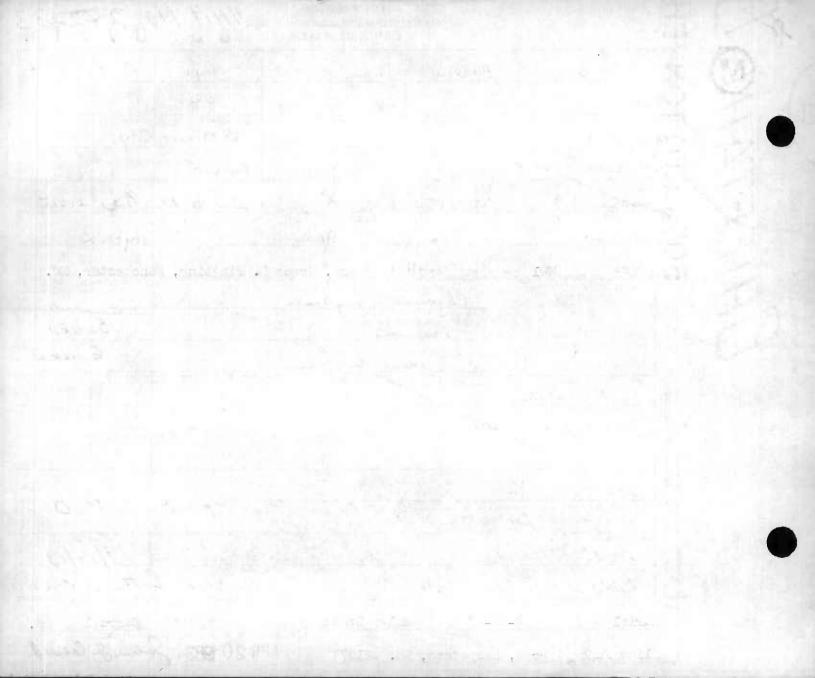
REGISTRAR

DHMH - 16 50M 4/B2 (VRA 15, 4)



		4.5
BALTIMORE, MARYLAND 21201	cate be executed within 24 hours after death. Fage 4 min	ysician and completely filled in by the funeral appropers. Pages 1 and 2 should be filed within 72 Immed
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Figure 4 min retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages I and 2 should be filled within 72 must as
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	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 REG. NO. 0 9 9 1 4
	ECEASED NAME FIRST William	Andrew Lang	20 DATE OF DEATH MONTH DAT YEAR 26 HOUR STANDARD
3 SE		Caucasian S. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS UAYS HOURS MIN.
35 N	laryland	CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
# 2 B	attimore	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TENOTIN SUCH FACILITY, GIVE STREET ADDRESS) & Baltimore	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
35 130	Mary kind 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. BY OR TOWN 13d INSIDE CITY LIMITS? Buttimonality YES 7 NO	13e STREET ADDRESS 3326 Speulding are 21215
300 14 F/	ATHER'S NAME PIRST MITTHER'S NAME MI	DDLE LAST ANNA ANNA ANNA	AME MIDDLE Hybeck
	WAS DECEASED EVER IN U.S. ARM YES. NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	L. Yingling, Manchester, Md.
umatic event, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MMEDIATE MMEDIATE	DUE TO, OR AS A CONSEQUENCE OF.	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 5 WORD
omer 110	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF Subdural hereatoma	5 weeks
ION	PART 2 OTHER SIGNIFICANT CO	UNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	March 9 1983	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY 21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, FARM, ETC.] 216 LOCATION STREET	CITY OR TOWN COUNTY STATE
21 is mo	22a 1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did not	Circular 10 83 and that intimo (aux) aninian	deoth accurred an the date and hour and from the couses stated
t le	Ment All	endan AD ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN 4/19/83
MPORTANT	MARTIN J.	SHARIDAN 220. ADDRESS GU	ask are Bultimon Med 2120
230. 1	BURIAL, CREMATION, REMOVAL (SPECIEV) Burial	236. DATE 236. NAME OF CEMETERY OR CREMATORY 4-22-83 Wesley Cemetery	23d. LOCATION CITY OR TOWN Hampstead Carroll Md.
81 24 F	UNERAL DIRECTOR	25a. DA	TE REC'D. BY REGISTRAR 256 III ISTRAR'S SIGNATURE PR 20 1983



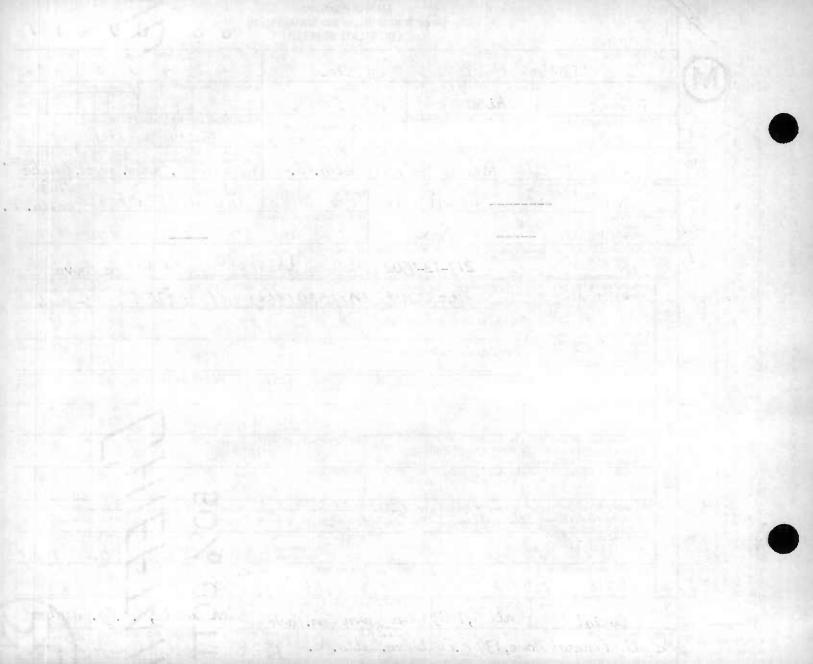
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		Susan		•			DEATH MATED		19 83	М
SEX		MC	ONTH DAY	YEAR LAST BIRTHD	AYI MONTH		MIN PRONOUNCED	MONTH	DAY YEAR	2d HOUR 4:01F
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		D.C.		AI COUNTRY?			IED U		OF DEATH	
			NAME OF HOSP				120. USUAL OCCUPATION			
e E	Baltimore	/	1307 N.		treet		None		OR INDUSTR	₹Y
UAL	RESIDENCE (IF IN NU	RSING FOME OF OTH	ER INSTITUTION, GIVI	RESIDENCE BEFORE ADMISS	ION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		2,2	n-)
		9 000		Baltimore		YES X NO 🗆		ert St	017	0 00
. FAI	HER'S NAME			LAST		FIRST	N NAME MIDDLE		LAST	
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(YES	, NO, OR UNKNOWN)	IN U.S. ARMED	FORCES? OR DATES)						47.00	
						Kichard D.	Terry 1824 Vi	sta La		
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								7.4		
	cause (a) stating			S A CONSEQUENCE	OF	JEN R. EN				
	lying cause last.		(c)							
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	IBUTING TO DEATH B	JT NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a):			
ATIO	19a, DATE OF OPERA	ATION	T196. CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED?			20 ALITOPSY2	
130			1							
_ 1										NO [
¥ 1	218. EXTERNAL CAU		21b. TIME OF		21c HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM.	TS PART T OR PART	YES 🔯	NO 🗆
	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	HOUR A.M.	INJURY MONTH DAY YEA	R 21c HC	DW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	TS PART T OR PART :	YES 🔯	NO 🗆
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EDICAL	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT RED	HOUR A.M. H P.M. 21e PLACE O	MONTH DAY YEA	211 LOC		D LENTER NATURE OF INJURY IN ITEM. CITY OR TOWN	TB PART T OR PART :	YES X	NO STATE
EDICAL	UNDERLYING OCONTRIBUTING OTTO THE INJURY OCCUR WHILE OTTO AT WORK AT W	OR CAUSE OF DEAT RED WHITE	HOUR A.M. H P.M. 21e PLACE O STREET, FACTO	MONTH DAY YEA	211 LOC	CATION	CITY OR TOWN		YES 🔯	
EDICAL	UNDERLYING OCONTRIBUTING OTTO THE INJURY OCCUR WHILE OTTO AT WORK AT W	OR CAUSE OF DEAT RED WHITE DOORK	HOUR A.M. P.M. 21e PLACE O STREET, FACTO	MONTH DAY YEA 19 FINJURY ATHOME. RRY, FARM, ETC.	211 LOC S1	CATION	CITY OR TOWN	COUN	YES 🔯	
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o I	BIRRELE SEX Fe BIRRELE SEX CIT LUAL U. ST Ma. (YES	DECEASED NAME (TYPE OR PRINT) SEX Female BIRTHPLACE ISTATE OR FORESTON COUNTRY) WAS NINGTON CITY OR TOWN OF DEA BAIT IMO TO UAL RESIDENCE (IF IN NU DESTATE MATYLAND FATHER'S NAME RICHARD WAS DECEASED EVER (YES, NO, OR UNKNOWN) NO 18 CAUSE OF DEAT PART I DEATH W Conditions, if gove rise to couse (a) stoting lying couse lost.	SUSAN SEX Female White BIRTHPLACE ISLATE OR FOREFOR COUNTRY) WASNINGTON D.C. CITY OR TOWN OF DEATH BAIT I MO TO UAL RESIDENCE (IF IN NURSING FOME OR OTH BATTALE MATYLAND FATHER'S NAME RICHARD WAS DECEASED EVER IN U.S. ARMED IF YES, GIVE WAR COUNTY NO IB CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY. Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTE	SUSAN STEE SEX 4 RACE S. DATE OF BIRTH MONTH DAY June 4 BIRTHPLACE ISTATE OR FOREHOM COUNTRY) WAShington D.C. U.S.A. CITY OR TOWN OF DEATH BAIT I MOTE LUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE BASTATE MATYLAND WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IB CAUSE OF DEATH (Enter only one cause per line f PART I DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. [C) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IN	SUSAN Stephanie SEX A RACE S. DATE OF BIRTH MONIM DAY YEAR BIRTHPLACE ISLATE OR FOREIGN COUNTRY? POSEIGN COUNTRY! WAShington D.C. CITY OR TOWN OF DEATH BILL IMPORTANCE ISLATE OR FOREIGN COUNTRY? U.S.A. CITY OR TOWN OF DEATH BALT IMPORTANT SUCH FACILITY, GIVE STREET ADDRESS) DATE OF HOSPITAL, NURSING HOME INFO TOWN SUCH FACILITY, GIVE STREET ADDRESS) DATE OF HOSPITAL, NURSING HOME INFO TOWN SUCH FACILITY, GIVE STREET ADDRESS) DATE OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REPORT ADDRESS) DATE OF HOSPITAL, NURSING HOME STREET ADDRESS) 130. 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(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM THE TOWN SUBJECT: A COUNTRY STREET ADDRESS (b) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM TOWN A COUNTRY STREET ADDRESS (c) COMBINED ADDRESS (c) DUE TO, OR AS A CONSEQUENCE (c) CONTRIBUTION TRELATED TO THE TERM TOWN A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) TOWN LAST TOWN A COUNTRY STREET ADDRESS (c) BERTHAL ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) BERTHAL ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) BERTHAL ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) BERTHAL ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY STREET ADDRESS (c) BERTHAL ADDRESS (c) A COUNTRY STREET ADDRESS (c) A COUNTRY ST	SUSAN Stephanie SUSAN Stephanie SUSAN Stephanie SEX 4 RACE S. 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IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the under- LYNG, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF LOWER OF THE MINION BYTEN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTENDED TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE	SUSAN Stephanie SUSAN Stephanie SEX 4. 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you 4	3. SE	~ 1	4 RACE	S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
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by the hospital ERAL DIRECTOR se detached for u State Dept. of He ANT: If them 21 is		226. SIGNATURE	mos	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221 PATE SIGNED 1983
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE April 5, 1983 GL	en Haven Mem. Park	23d.LOCATION GLER Burnie, A.	A.Co. Mary land
HMH - 16 50M 4/B2 (VRA 15, 4)	Mc	uneral director Culty Funeral H	lome, 130 E. Fort	Ave. Balto. Md. 250. DA	PR 6 1983	Soldier



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYGI DEATH	IENE 8	REG. NO	0	9	9	1	8
		CEASED NAME FIR	est	MIDDLE	l	AST	MOID.	2a. DATE O	F DEATH	MONTH	DAY	YEAR	2b. HOL	JR
+6		LUC		MAY		AWHON					24	83		AM
	3. SEX		4. RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTI		MONTHS	ER I YEAR	IF UNDER	MIN.
		FEMALE		ITE	11	13	1900		82	FIGU.				
1		RTHPLACE (STATE OR FOREK		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -		RE CITY OF		/ OF DI	EATH		
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0	P	SALTIMORE	2422	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET MARBOURNE	AVEN			(TYPE OF WOR	EMAKER	WORKING LIF		L KIND O	- BUSINI	:55 OR
L		AL RESIDENCE (IF NURSING HET ATE 136.	OME OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS 2 MARB	OURNI	F AT	7FNIII	212	
-	-	ATHER'S NAME		DALLINO	KE		S MAIDEN NAM		Z PIAKD	OUKNI	2 AV	, 12IVOI	29 13.	I I . IM
7		WILLIAM	P	COLE		NΔ	OMI		MIDDLE			CAWE		
1		VAS DECEASED EVER IN U	J.S. ARMED FORCES?		IRITY NO.	17. INFORMA			ADDRES	SS		CZIWI	214	
	()	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	215-22	-2151	LOUGE	L MATHE	RS 5	06 BRU	NSWI	CK S	STREE	ET 2	1223
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7	CERTIFICATION	190 DATE OF OPERATION	1 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	20a AUT		20b. IF YES	FYING		OF DEA	TH?
A	ERTI	210, ACCIDENT WAS UNDERLY	10 T 216 THAT	OF INJURY		Tale HOW IS	DUBY OCCURR	YES 🗆	ио 🗆		ES 🗌		NO [
7	MEDICAL CI	OR CONTRIBUTING CAUSE	E OF DEATH HOUR	I.M. MONTH D	. MONTH DAY YEAR			ED (ENTERN)	TURE OF INJURY	Y IN ITEM 18 F	PARTIOR	e PART 2)		
	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. FARM, ETC.) 21f. LOCATION STREET CITY OF TOWN								ΥN	cc	DUNTY		STATE
		224 I certify that (I) (this		he deceased from_		1.1	_, 19	, to			19		that (I) (
1	0	sow the deceased of obeve, (1) (we) (did) (y oher death		DEGREE	(our) opinion of	/			2	20. DATE	SIGNED	
		224. PHYSICIAN'S NAME	(TYPE OR PRINT)	1)	8	220. ADDRES								
	17	LAURENCE R	. GALLAGER	, M.D.		ST. A	GNES ME	EDICAL	CENTE	ER				
1		BURIAL, CREMATION, REM			NAME OF C	EMETERY OR	CREMATORY	23d. LOC	ATION		COUN	NIY		STATE
		BURIAL	04-28	-83 M	EADOW.	RIDGE N	IEM. PK.		RIDGE	HOWA			RYLA	ND

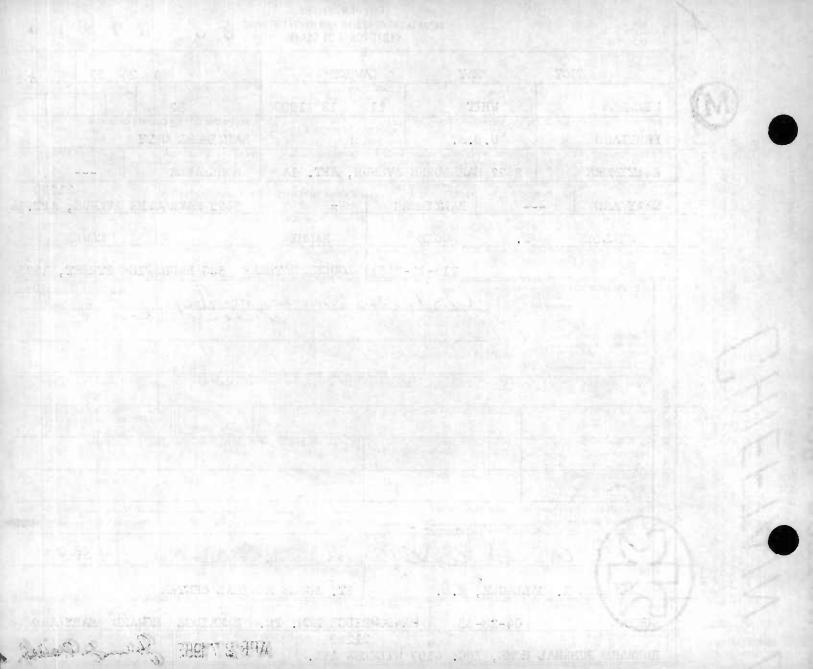
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

74 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC.

21229 4107 WILKENS AVE.

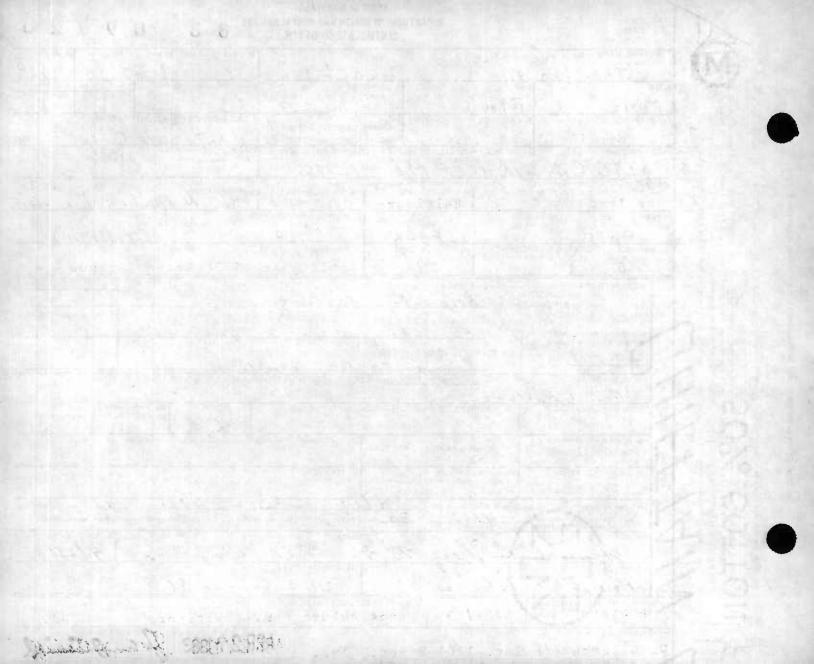
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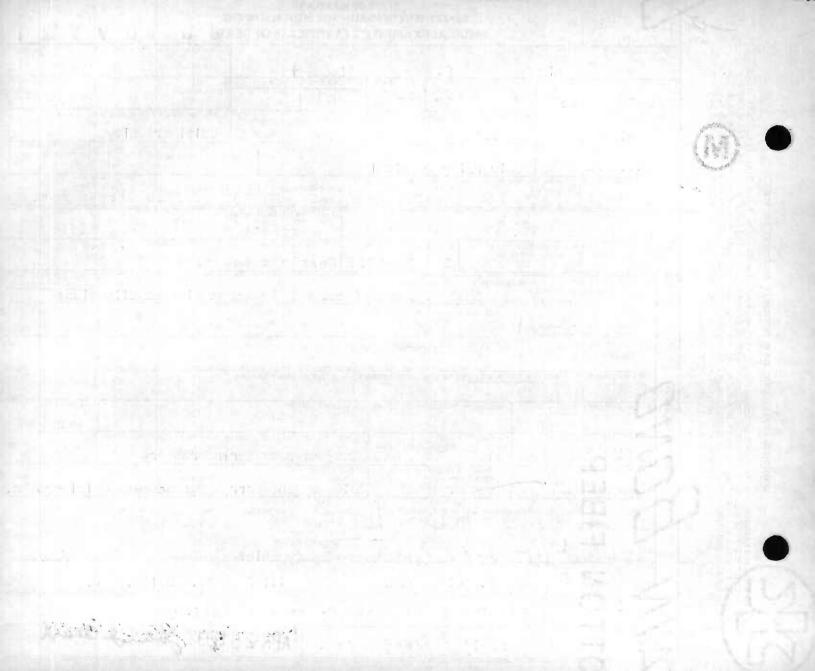
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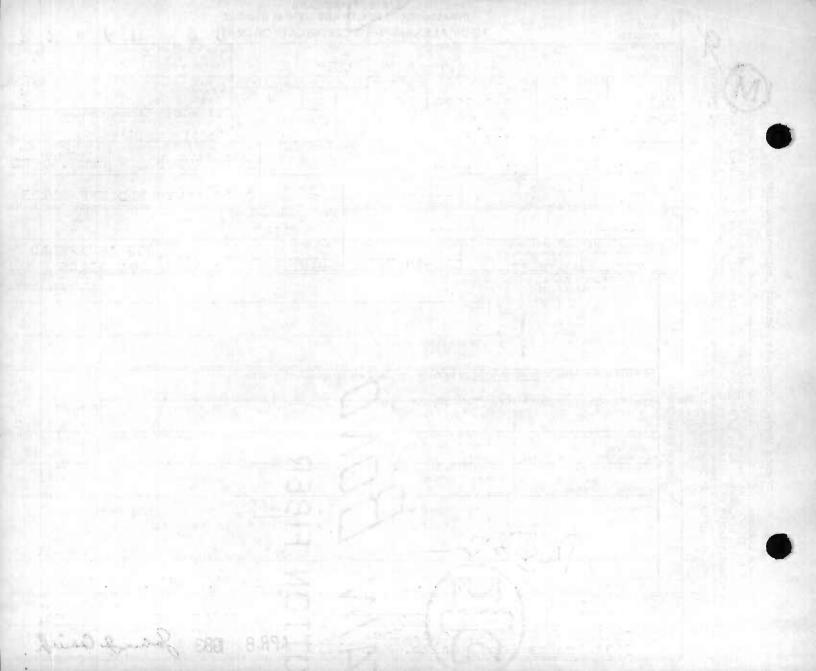
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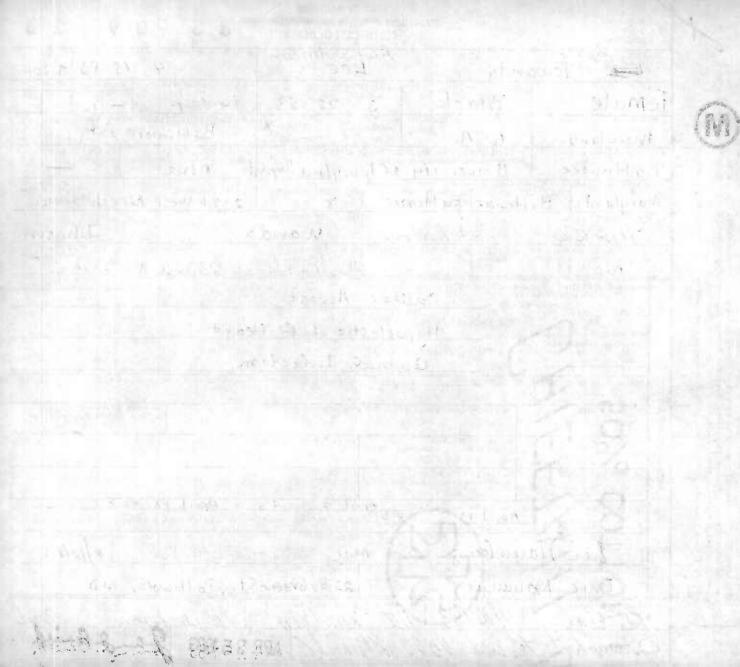


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STATE OF MARYLAND







BALTO., MD

21215

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

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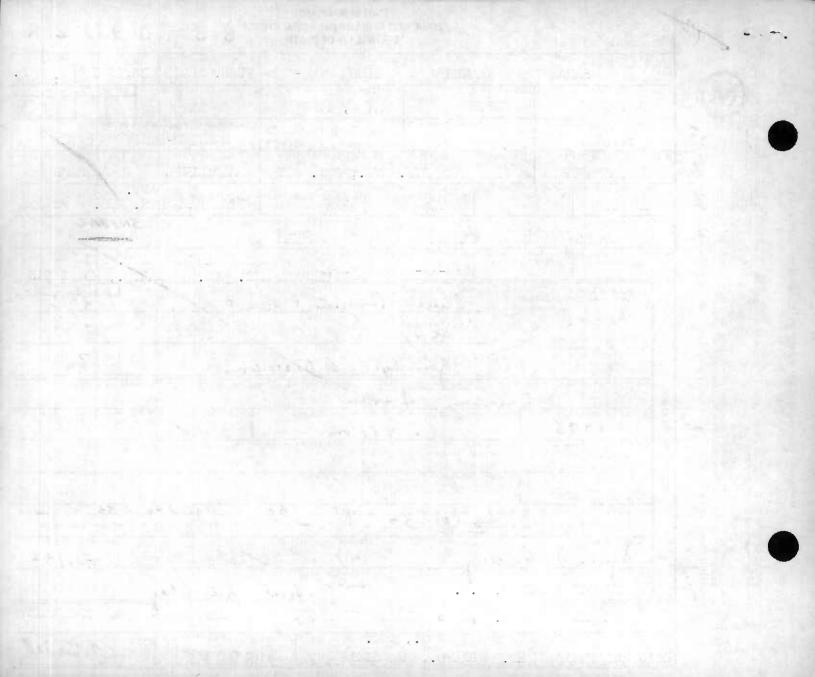
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MARYLAND

BY REGISTRAR 256. REGISTRAR'S SIGNATUS

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MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	Ö	REG. NO.	n A	1	4
1		CEASED NAME	FIRST	34-91-	WIDDLE	ı	AST	20 DATE OF D		DAY YE	AR 2b	HOUR
	11111	E OA PRINTI	PAUL		F	LE	IBOLD	APR	IL 5,	1983	1	4.46m
i	3 SE	X		4 RACE		5 DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY}	IF UNDER I		NDER 24 HRS
ı		MALE		WHITE		MONTH	15 14		68 YR		DATS HO	URS MIN
J	BI	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORI	CITY OR COUN		TH	
7		MARYLAND	300	U.S.A		WIDOWE	D NEVER MARRIED DIVORCED	RΔ	LTO CI	TY		
P	10. C	ITY OR TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUAL OC			ND OF BU	MD.
1	N 121 c	BALTIMO			H FACILITY, GIVE STREET		ST. AGNES		DRIVER		UNDRY	
	13a S	AL RESIDENCE (IF NI STATE	136 COUN	ITY /	13c. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET AD				
4		IARYLAND	BALT	IMORE	CATONSVI	LLE	YES NO 🔀		MBLING	OAKS W	AY, 2	1228
A	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		MIDDLE			
4		PAUL	F		LEIBOLD		MARY	No.	WIDOLL	S	MITH	
1		WAS DECEASED EVE			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS		2	21228
1		YES	UNK	NOWN	217-01-3	045	BEVERLY R. I	EIBOLD	8 K RAI	MBLING		
ı		18 CAUSE OF DEA	ATH (Enter on	v one couse per	line for (a), (b), and	lice)						INTERVAL AND DEATH
1		PART I. DEATH	WAS CAUSE	BY:			IAL INFA	ATANTIC.	111	BETV	VEEN ONSET	AND DEATH
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ŀ		PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE TERMI	INAL DISEASE O	OR CONDITION (CIVEN IN PAI	PY Line	
l	CERTIFICATION	THI	ONE	11515	OF A	MITTE	A- RIFFI	n BV	AFI	ON EIN IN I AI	(1 1 10	
1	CAT	He DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b IF	YES, WERE FI	NDINGS	JSED
	TIE	4/5/	83					YES T N	IN CER	YES T		EATH?
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ı	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATION					
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I		sow the dang	no ovila hear	7/	5 19 8	3/00	d that in (my) (our) opinion d	leath occurred o	on the date and h	our and from	the couse	s stoted
1		22h SIGNATURE	F Comence	WHEN THE GOOD	after death.	_	DEGREE			-	ATE SON	
J		0	uny	4	Tarlli	we !	M ADENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 4	1/6/	83
1		214 PHYSICIAM'S	SAME LITTE OF	PERITY /	TOTAL COLUMN	1	22e ADDRESS		-	1	//	
1		10	KOZZII	V6		0	ST AGN	ES.	4087	-	1	
Í	23a B	SURIAL, CREMATION	, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATIO				68.77
		URIAL		04-08	-83	NEW	CATHEDRAL	BALTI	MORE CI	TY COUNTY	MARY	IAND

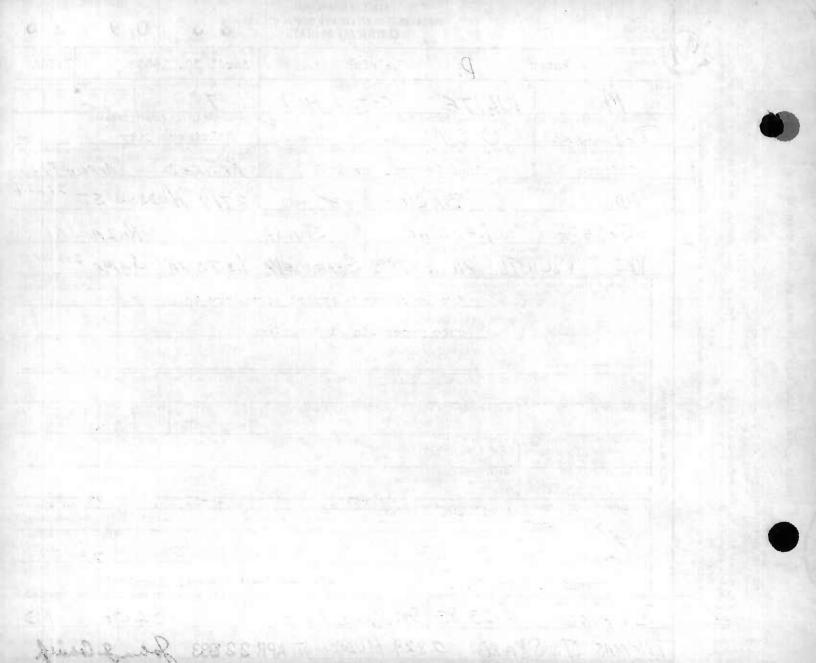
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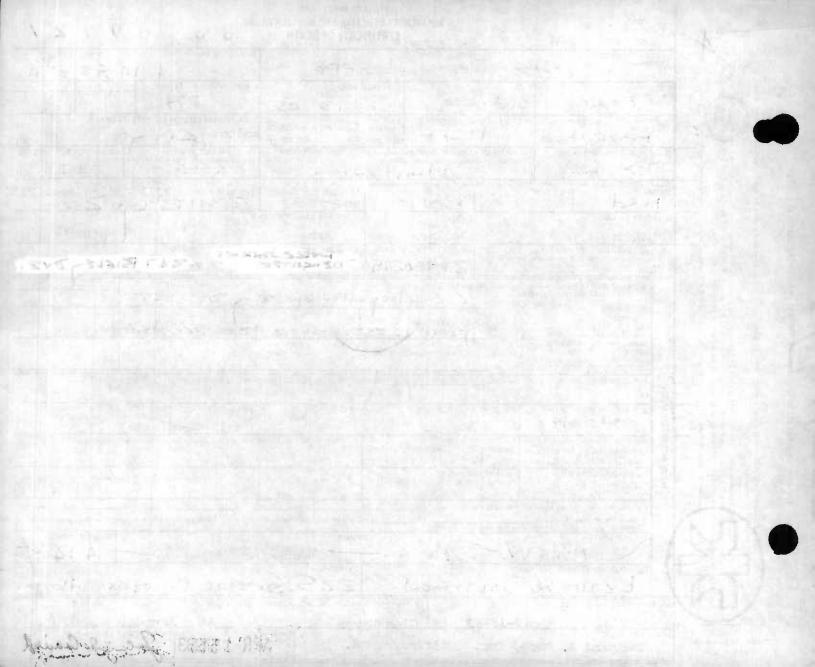
21229 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

TAIL C. LEINOLO YTIS OTLAR BUDGET TARE FRICAL TO

(VRA 15, 4)

STATE OF MARYLAND



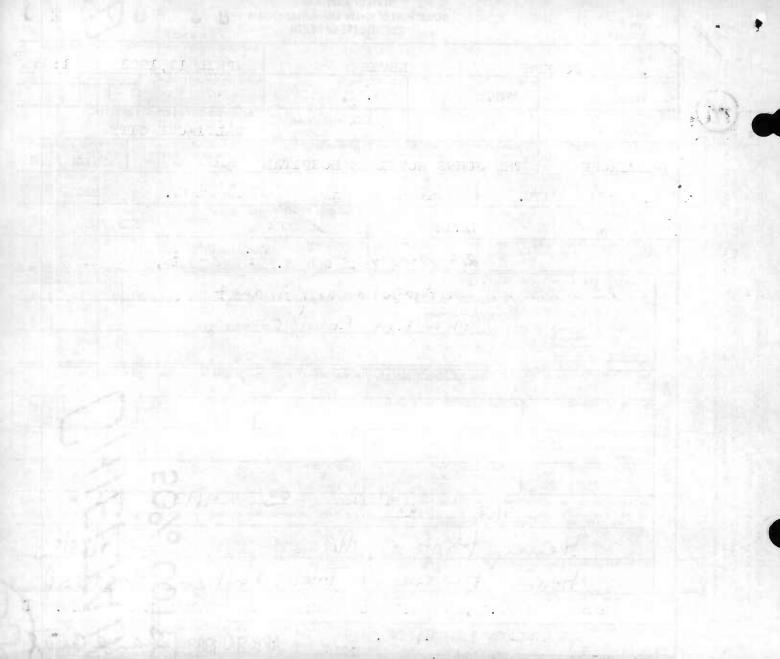


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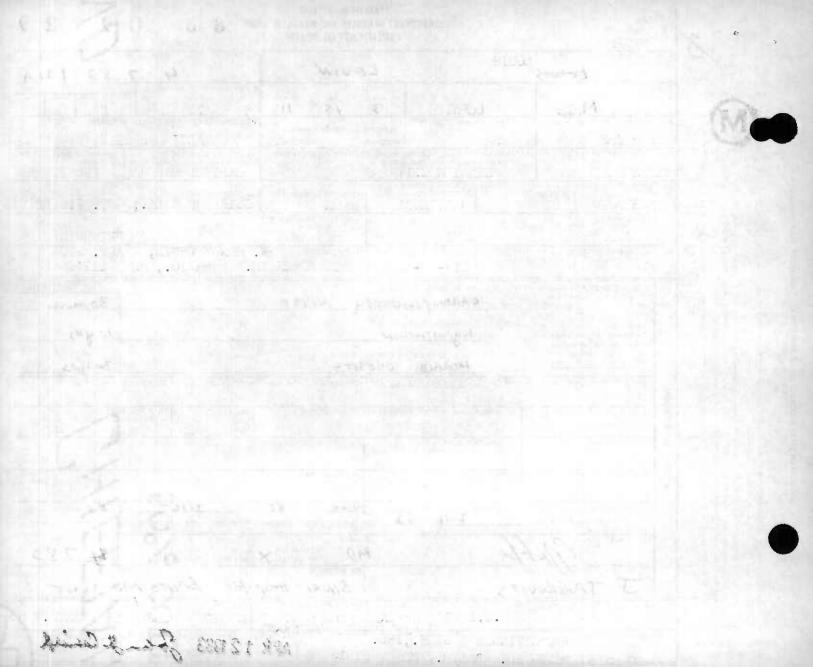
STATE OF MARYLAND

	EASED NAME FIRST OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH A	AONTH DAY YEAR	2b. HOUR
	. JOSE	PH	LEVIN	HE .	APRIL 13		1:0
. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	MALE	WHITE				YRS.	
	NARY LAND	75. CITIZEN OF WHAT COUNTRY	WIDOWED [DIVORCED		RE CITY	
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4. FA	THER'S NAME PAUL	LEVIN LEVIN	15. MOT	REBECCA	AE MIDDLE	KLITZNĚ	Ř
		RMED FORCES? 166. SOCIAL SEC			RS. ELINOR I OWINGS MILI	EVIN LS. MD 21	1117
ICATION	couse (a), stating the underlying couse lost.	(c)	DEATH BUT NOT REL		20a. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
RTIE	AL ACCIDENT WAS UNDERLYING	C 21h TIME OF INITIES	21, HO	W IN ILIPY OCCUPE			NO [
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR		(ENTER NATURE OF INJOR	THE TO TAKE TO THE TAKE TO	4
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TOW	vn county	
	sow the deceased alive of	199	, ond that in	۸		22c. DAT	, that (I) (ve couses sto
	11	· Dank	-	PHYSICIAN _	MEDICAL STAF		1318
					23d. LOCATION		
1	10 CIT B2 USUA 130. S M	TO CONTRIBUTING COUSE OF DEATH CONTRIBUTING COUSE (O), STOTING The underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF OR CONTRIBUTION COUSE OR COUSE OF OR CONTRIBUTION COUSE OF OR COUSE OF OR COUSE OF OR CONTRIBUTION COUSE OF OR COUSE	USA 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORD IS ALL CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORD IS ALL CITY OR TOWN OWN OWN OWN OWN OWN OWN OWN OWN OWN	MARY LAND USA MARRIED ANE WIDOWED 10. CITY OR TOWN OF DEATH BALTIMORE BALTIMORE THE JOHNS HOPKIN SI USAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) 130. STATE MARY LAND BALTO. 131. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 132. STATE MARY LAND BALTO. 133. STATE MARY LAND BALTO. 134. CITY OR TOWN OWINGS MILLS 135. MOT PAUL LEVIN 136. SOCIAL SECURITY NO. 175. MOT LEVIN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (ci.) PART 1. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS P 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS P 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY AT WORK AT WORK AT WORK 198. PLACE OF INJURY (IF THERE NOTIFY MEDICAL EXAMINER) 210. I Certify that (1) (this hospital) ottended the deceased from sobove, (1) (we) (did) (did not) view the body after death. 210. I Certify that (1) (this hospital) ottended the deceased from sobove, (1) (we) (did) (did not) view the body after death. 220. PHYSICIAN'S NAME [TYPE OR PRINT] 2210. SIGNATURE 2220. PHYSICIAN'S NAME [TYPE OR PRINT] 2220. DEGREE 2220. DEGREE 2221. PHYSICIAN'S NAME [TYPE OR PRINT]	MARY LAND USA MARRIED AN ANSVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED THE JOHNS HOPKIN S HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE REFORE ADMISSION) 130. STATE WIDOWAY MARY LAND BALTO. 15 HOPKIN S HOPKIN S HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE REFORE ADMISSION) MARY LAND BALTO. WIDOWAY MARY LAND BALTO. 134. FATHER'S NAME PRODUL LEVIN'S LEVIN'S LEVIN'S RESECCA 155. MOTHER'S MAIDEN NAME PRODUCT (IF YES, GIVE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if only, which gove rise to immediate couse lost, storing the underlying couse lost. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 179. DATE OF OPERATION 179. CONDITION FOR WHICH OPERATION WAS PERFORMED 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF YES, SIGNATURE 1710. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRI	MARRIED DIVORCED D	MARY LAND USA DOPORCED DOPO

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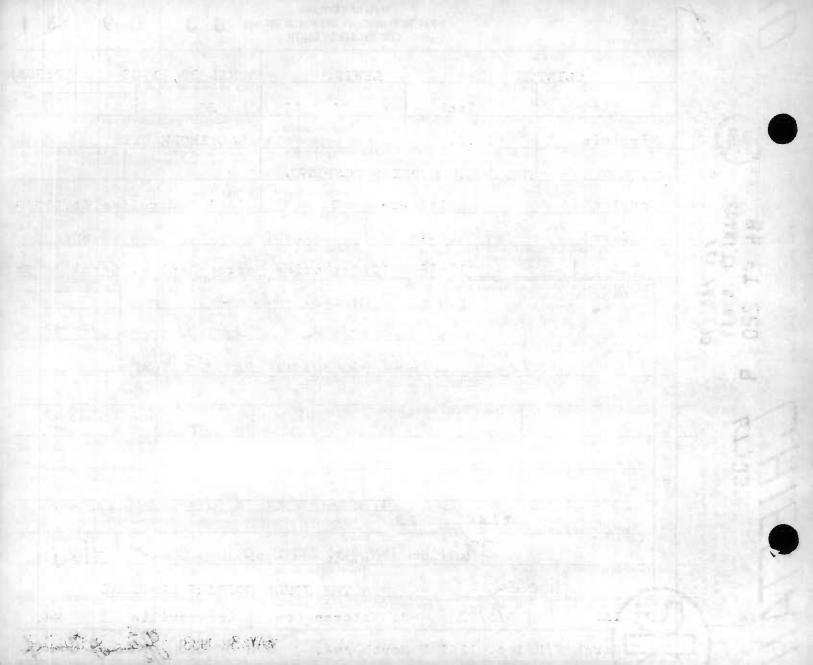
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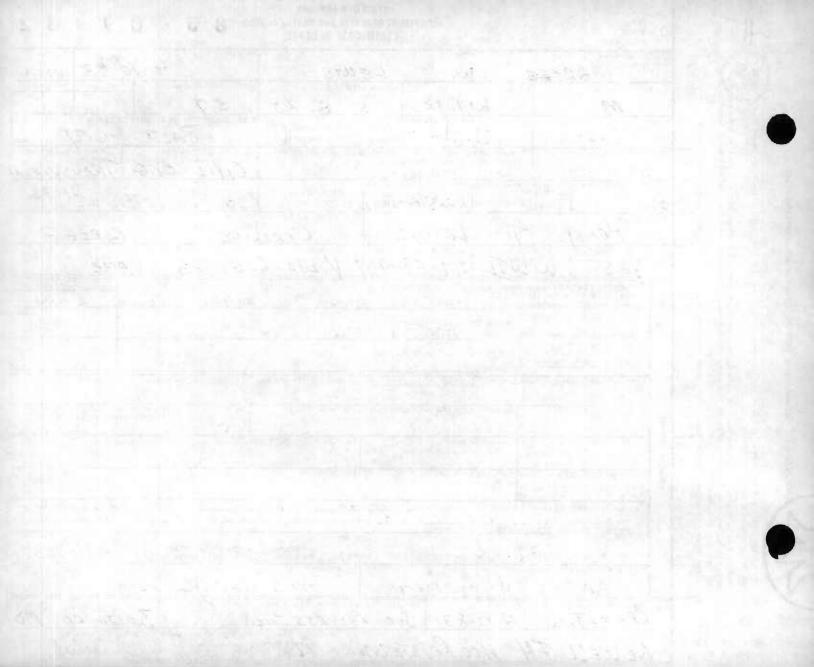
10 gxt	7.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	ENTAL HYGIENE	3 3 0 REG. NO.	9 9 3	0
may be poge 3 er death		CEASED NAME PIRST Cha	WILE E.	Lewis 5. Date of Birth			IF UNDER 1 YEAR IF UNDER 2	24 HRS
oge 4 :		MALE	BLACK	on 30	21 6		MONTHS DAYS HOURS	MIN.
eath. Pe		RTHPLACE (STATE OR FOREIGN)	U.S.A.	MARRIED NEVER MA	RRIED -	ORE CITY OR COUNTY	OF DEATH	MD.
201 irs offer d by the fu filed with		BALTO.	MERCY H	05P.		L OCCUPATION DRK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINES INDUSTRY	55 OR
within 24 hour diety filled in d 2 should be	13a. S	RESIDENCE (IF NURSING HOME OR TATE)		LTO. YES A	10 1 67	33 KINC	heLoe-BA	207
completel	0	.hARLIE	MIDDLE LAS	JIS SR. HAY	IANNAK	ADDRESS	MAYO	Î
MORE n and c Pages medica		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	SECURITY NO. 17. INFORMAN' 2-1422 MRS. FI	RANCES LE		3 Kinchelos	07
ficate by papers, papers, ent, the		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	D BY:		Parcinom		APPROXIMATE INTERV	
ON ST th certin nating p carbon to ar rem		1629 IMMEDIAT	DUE TO, OR AS A CONS		200 01/10/11		5 year	-5.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician. The properties of the properties of the oriending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by an Amenal Hygiene prior to burial, cremation, or removal. The properties of the properties		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF				
PRDS, 201 requires the signed I. Then plea ar to burial principly, are	NO	PART 2. OTHER SIGNIFICANT OF VEIN-HOLLOW	conditions contributing arrhyth	Muss, Conqu		SE OR CONDITION GIV		
TALRECO The low ricion. The hos bee nsir permit. rgiene prio	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORM	MED 200 AU YES □		S, WERE FINDINGS USED YING CAUSES OF DEATI S NO	H?
ISION OF VITAL PHYSICIAN: The rending physicio this certificate h the buriol-transit and Mental Hygie ed or/frem 18 sie		2)0. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	19 DAY YEAR	JRY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2}	
DIVISION DING PHYS or ottendin After this c as os the bur oith and Me morked or file	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211. LOCATION STREET		CITY OR TOWN	COUNTY ST	TATE
ATTENDI spital or STOR: A far use of Heal		22a.1 certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	11 0	7 17	19	red on the date and hav	1983 that of and from the couses sto	e) lost ted
OR he he he horder or Dept		22b. SIGNATUR CONS H	ance an	led MD ATT	TENDING MEDICA IYSICIAN DIRECTO	STAFF	220. DATE SIGNED 4-3-8	3
O HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE O	nce J. 1	Neyd Mer	cy Hosp	ital Be	alto Md.	
BP		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23h. DATE 4-8-83	236 NAME OF CEMETERY OR CR CROWNSV. 11e V	(1)	CATION TY OR TOWN	COUNTY ST	ATE.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	INERAL DIRECTOR	Home 520	RESS RK P. BALLER	250, DATE REC'D. BY	REGISTRAR TO REGIST	RAR'S IG BTURE	

739-15 SAMP THE TOTAL HANDS WAS A STREET PROVIDE THE PROPERTY OF THE PR AN HEALTH AND THE Constitute of the state of the state of the state of A CONTRACTOR OF THE REAL PROPERTY OF THE PROPE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST PIRST 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) CLINTON LEWIS APRIL 30 1983 Lee 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS MONTH DAY YEAR Male 22 Black 17 6 65 To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Virginia U.S.A. WIDO WED T DIVORCED XX BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 138. STREET ADDRESS 13d. INSIDE CITY LIMITS? 1401 N Caroline St.21213 Maryland Baltimore YES X NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edward Lewis Josephine R. Burden 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 217-16-7013 Catherine Warren 1401 N. Caroline APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. PORMONADI CARINO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 12 HRS ACUTE MYOCAEDIAL Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause SERBLE CORONARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 FICATION 20a AUTOPSY? 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [714 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY à COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN STATE STREET AT WORK NOT WHILE 11 AM 19 83 , that (1) (we) lost 30 8AM 220.1 certify that (1) (this hospital) attended the deceased fram. 19 8 3 sow the deceased alive on 7 3 0 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinian death accurred on the date and haur and fram the causes stated 22h SIGNATURE DEGREE 276 DATE SIGNED ATTENDING MEDICAL Ch & BS ATTENDING PHYSICIAN should be deta with the Stote IMPORTANT: I DIRECTOR PHYSICIAN I 27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS THE JOHNS HOPKINS HOSPITAL 0 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION BURIAL 5/5/83 Crownsville Md. Md. Veteran Cem. BP. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, RESSTRAR'S SIGNATUR DHMH - 16 50M 4/82 Wm CMM March F/H Inc. 1101 E North Ave. (VRA 15, 4)

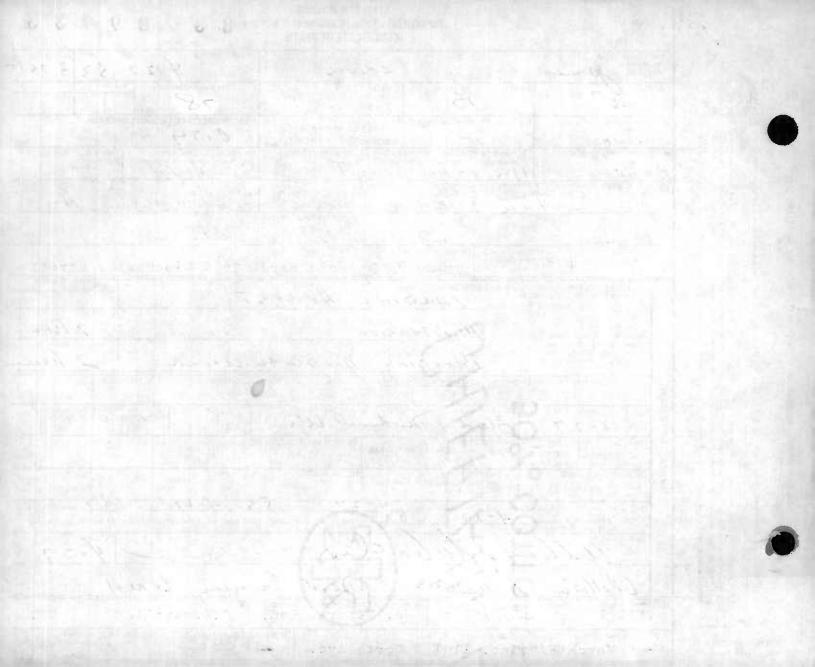


#	1-	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	0 0	0 9 9 3 2
		CEASED NAME FIRST OR PRINT)		LAST LE WIS DATE OF BIRTH MONTH OAY VEAR	6. AGE (IN YEARS LAST BIR	4 10 83 11.35 AN
ter death. Page he funeral direct within 72 bours fied of other	(RTHPLACE (STATE OF FOREIGN COUNTRY) CALF.	/ 1 4 4 1	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED		
hin 24 hours of	130.5	TATE MLCOUN	GCCA 54-1217 OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA TY 13-CITY OR TOWN	AISSION) 113d. INSIDE CITY LIMITS?	130. STREET ADDRESS	LNG TRANSVIREN
e executed with	láa. V	HENRY "	MED FORCES? 166. SOCIAL SECURITY WAS OFTEN 217-58	YNO. 17. INFORMANT 9/17 VILJA	LINE ADDRE	GREGG SAME
equires, that the death certificate signed by the attending physics. Then please remove contampage to bursal, cremofon, or remova injury, or other traumants event,	NOI	PART I. DE ATH WAS CAUSED I LO 2 P IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	y ane couse per line for (a), (b), and (c) BY: E CAUSE (a) A S S I V DUE TO, OR AS A CONSEQUENC (b) ADEC A DUE TO, OR AS A CONSEQUENC (c) ONDITIONS CONTRIBUTING TO DEA	E OF	,	BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 1 1/2 DITION GIVEN IN PART 110
PHYSICIAN: The law reading physicion. This certificate has been buriol-transit permit. Ind Mental Hygiene prior d or Item 18 shows any if	CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTHY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DAY	YEAR 19	20g. AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2)
OING PH or otten After the e as the norked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Certify that (1) (this hospit saw the decessed alive on, obove, (1) (we) (did) (did not 22b. SIGNATURE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM (a) attended the deceased from (b) view the body ofter death.	3, ond that in (my) (our) opinion DEGREE	death occurred on the d	ote and hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL OR ATTENUE retoined by the hospitol of TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of Hee IMPORTANT: If hem 21 is to the stote Dept.	230. (224, PHÝSICIAN'S NAME (TYPE OF	H MERSEY	22e. ADDRESS	MEDICAL STAIN DIRECTOR PHYSIC	CIAN - 4 (10 18)
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR NEWELL FI	4-12-83 SO 4- 1100 REPSTE		Ci	Sb. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,



Wm C March F/H Inc. 1101 E North Ave.

- STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

25a, DATE REC'D, BY REGISTRAR 25h, REG

A COMPANY OF THE Min 2 4 1 888 3 8 9 9 9

	REGIS	STRAR			ME	CAL E		ER'S CERT	IFICATE (OF DEA	'HH'	REG		9	7	J
	PECEASE TYPE OR PR	ED NAME	Pete			WIDDLE	T Y	LIBE	DA c		OF	ESTI- H MATED	F3	ATH .	DAY YE	AR 7b
3. S		4. R	RACE	5. DATE C	F BIRTH DAY	YEAR	AGE (IN YEAR LAST BIRTHDAY	IF UNDER 1		24 HRS. MIN.	2t. DA'	TE JNCED	MOI		DAY Y	AR 20
70.		LACE (STATE COUNTRY)		II. NAME	OF HOS	A .	ING HOME,		NEVER MARF	120. USL	Bal JAL OCC	MORE CIT	e Ci	Ty ORK 12	KIND O	F BUSIN
	Bal RES STATE Md		N NURSING HOME (OR OTHER INST	35 Wa ITUTION, GIV	13c. CITY OF	ORE ADMISSION	113d. IA	ISIDE (ITY LIMITS?	13e STR	EET ADD	r-Wi RESS Ba Vashi	lto	. , 1	Id.#	212
1	FATHER	'S NAME		NOWN		LAS	ī	15. M	OTHER'S MAID		UNK	MIDDLE		i P	LAST	
160	WAS D (YES, NO.	OR UNKNOWN)	VER IN U.S. AR	MED FORC WAR OR DATE			SECURITY		FORMANT 1	435		hing Libe				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME TYPE OR PRINTS HOWARD COOPER LIDIE APRIL 14.1983 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Oct. 11,1903 Male White BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA Marvland DIVORCED [WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION

12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Birkwood Place Railroad Accountant USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS
327 Birkwood Place 2/2/8 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland YES IX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Nannie John Alfred Lidie Cooper ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN) Mildred L. Healy Same No 705-05-7469 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and PART I. DEATH WAS CAUSED BY curred JMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse loi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERSORMED 200 AUTOPSY? INCERTIFYING CAUSES OF DEATH? NOF YES [NO [21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 19 714 IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.l certify that (I) (this haspital) attended the deceased from ___, and that in (my) (aux), opinion death occurred on the date and hour and from the causes stated view the body ofter death. DEGREE ATTENDING MEDICAL
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS PHYSICIAN'S NAME F. Fuhrmann.

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Apr. 16.1983

23b. DATE

23a SURIAL, CREMATION, REMOVAL

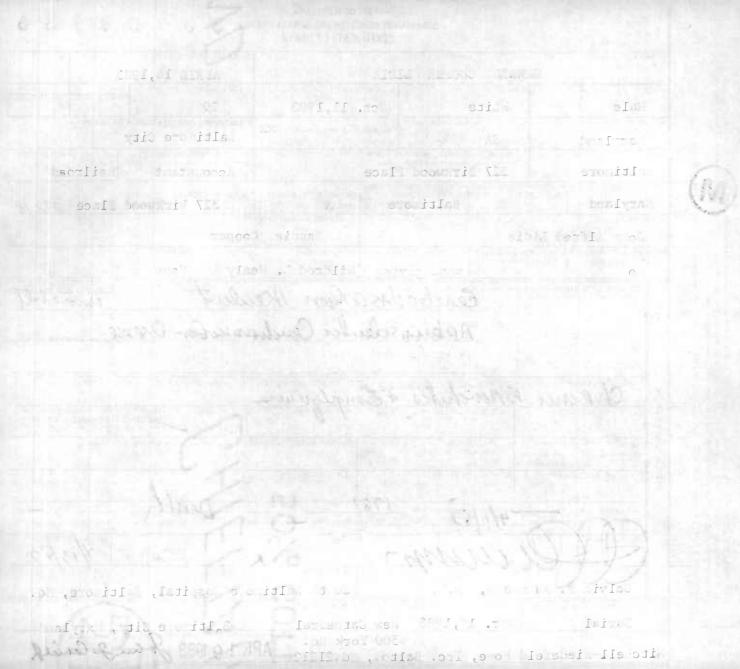
Burial

B. Itimore City, Maryland 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR

South Baltimore Hospital, Baltimore, Md.

23d LOCATION

IF UNDER 24 HRS



1				STATE OF MARYLAND		n 014 7
8	1.	FOR STATE		MENT OF HEALTH AND MENTAL I	HYGIENE 8 3	9 9 5 1
1	1.05		ee Lilley		REG. NO.	
e €	(TYPE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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fer p	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
urs a		Male	White	3 19 48	35 YRS.	
ip od		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
E 200	1 4 6	lavaland	USP	WIDOWED DIVORCED		1e
(1)	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS O
张 张	P	Baltimivo.	Swith Bolding		Helper	Plumbing
53 4	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		(21226)
	1 4	pulland	Baltim		? 130, STREET ADDRESS	0 57.7
2 shd	14. F./	THER'S NAME		15. MOTHER'S MAIDEN		y simi.
300	1	ARST	MIDDLE	FIRST	Mae	Nanney
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	Herritey
Poges		YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 219-TO	Jean Allm		
in the	<u> </u>	NO		CK / KC	an (same as 1)e)	ANARA VIII. APA
poper lovol.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a D BY:	nd ic.	\circ 1	BETWEEN ONSET AND DEAT
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otion		Conditions, if ony, which gove rise to immediate	(16) 2md S	they Liver 1	Insein - Cunhon	2
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ol, c		underlying couse last.	(10) some Se	3515		
Then plec to burio injury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
peen prior for any in	CERTIFICATION	19g. DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
ne prince	FIC	THE DATE OF OFERATION	176. CONDITION TOR WITE	TOTERATION WAS FERT ORMED	IN CERT	IFYING CAUSES OF DEATH?
sho	ERT	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21, HOW INTURY OCC		ES NO
The strong		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
nd Mento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
the bu	MEC	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
olth one morked		AT WORK AT WORK				
Heo is m			tal) attended the deceased from	19 19	3, to 7/26	, 19, that (I) (we) I
of He n 21 is			t) view he body after death.	ond that in (my) (our) opin	ion death accurred on the date and ha	or and from the couses stated
toched toched if them		27h SIGNATURE	00/1	DEGREE		22c. DATE SIGNED
deto ote l		Fred 1	- Diellen	ATTENDING PHYSICIAN		413614
rUNERAL uld be det to the Stote ORTANT:		224 PHYSICIAN'S NAMETING	is result.	22e. ADDRESS		, ,
		FRED L. Al	cuber -	1D SPG11 1	3001 S. HOMYHER	C1 Brokeni
5 42 3 A	23a. E	SURIAL, CREMATION, REMOVAL	THE DATE 230	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	, , ,
	(specify) urial	1 1 1 1	edar Hill Cem.	Brooklyn	A.A. Md.
		JNERAL DIRECTOR Balto			DATE REC'D. BY REGISTRAR 256. REGIS	
6 50M 4/82 15, 4)	-	NAME	F.H. 4001 Ritch		APR 291983	000.1
-, -,			r.n. TOUL RITCH	TTE MINNY.	- 1000	me defects

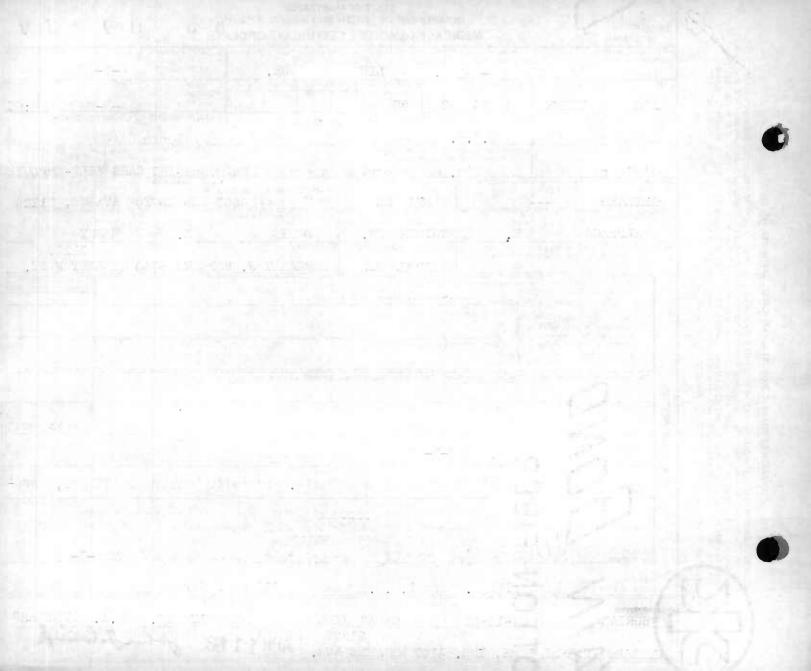
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Maurice South	i. Di	FOR STATE REGISTRAR ECEASED NAME FIR	MEDICALE	XAMINER'S C		EDEAL O	NO.	Y YEAR 175 HOU
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The property of the property			S. DATE OF BIRTH	LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER	MIN PRONOUNCED	MONTH DA	Y YEAR 29 HO
Baltimore In the control of the c	70 B	BIRTHPLACE (STATE OR COREIGN COUNTRY) ASSAChusetts		RY? 8 MARRI		IED 🔲	Y OR COUNTY OF	
13.5 STATE	2	Baltimore	Jones Falls	Expressway	ER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b	OR INDUSTRY
Maurice Maurice Lindgren Lily W. Youngberg IBM. SOCIAL SECURITY NO. ISMANDECEASED EVER IN U.S. ARMED FORCES? IVES NO. OR UNKNOWN. IF SET TIME 124-26-1213 Mrs. Barbara A. Lindgren, same as #13e PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchial Asthma Conditions, if any, which gove is to immediate couse (a) storing the under-lying couse last. PART 2 OINER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? PART 2 OINER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS UNDERLY HOUR A.M. MONTH DAY YEAR UNDERLYING OA WAS A CONSEQUENCE OF HOUR A.M. MONTH DAY YEAR 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS UNDERLYING OF MUJURY HOUR A.M. MONTH DAY YEAR 19c. DATE OF OPERATION 19c. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d INJURY OCCURRED 21d	130. S	aryland Bal	OUNTY 13c. CITY,		YES NO	132 Warwick		
Pack Conditions, if any, which gove rise to immediate cause (a) Bronchial Asthma Due to, or as a consequence of		Maurice	O. Lind		Lily	W.		gberg
PART I DEATH WAS CAUSED BY: WMEDIATE CAUSE (a) Bronchial Asthma DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART ? DIMER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GRAIT BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GWEN IN PART 1 ip). 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. EXTERNAL CAUSE WAS UNDERLYING OR ONTRIBUTING OR P.M. 19 19c. LOT OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10c. AUTOPSY? YES [X] NO PART ? DIMER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GRAIT BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GWEN IN PART 1 ip). 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c. EXTERNAL CAUSE WAS UNDERLYING OR P.M. 19 11c. EXTERNAL CAUSE WAS UNDERLYING OR P.M. 19 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART 1 OR PART ?) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART 1 OR PART ?) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART 1 OR PART ?) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIB PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 OR PART ?) NOT THE CONTRIBUTION OF THE METHAL PART 1 ID. 10c. COUNTRIBUTION OF THE METHAL PART 1 ID. 10c. COUN	1	YES, NO, OR UNKNOWN) (IF YES	KNOWAR ROMES)					as #13e
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death resulted from: Natural Touses XI. Accident I. Suicide I., Homicide I. Undetermined monner I., TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4/11/83 EXAMINER'S NAME HOrmez R. Guard, M.D. ADDRESS 111 Penn St., Balto., Md. 21201		UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MONTH OF DEATH P.M. 21e PLACE OF INJURY	DAY YEAR 19 (AT HOME, 21f. LOC	CATION			STAIE
200/(40)		death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME	Noturationses XI. Accident	, Suicide ,	Homicide TITLE (SPECIFY) Assistan	Undetermined monner	DATE SIGNED	4/11/83
236. BURIAL, CREMATION, REMOVAL 23b. DATE Loudon Park Crematory Bartimore Mary and State	230.6		AL 236 DATE 4-14-83 236. NA			1234, LOCATION		

20 WF - 00 - 24 sph.00 shall lingduc incides Ser land relegiors 'variat' v li rest co litera, but mad Manufes P. Tinders Tily S. Voulling Peres 71 e 111-10-1111 les. lem era 1. Li mare, same co file Telegraph of the second A GENTLE OF THE THE PROPERTY OF THE PROPERTY O nes Cousse Du stel Base, Inc., Boxen , Ed. 12th only per Min

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME KNOWNXX 7h HOUR (TYPE OR PRINT) ESTI-PAGE 5 FOR YOUR FILES.
BIE FILED, WITHIN 72 HOURS
SEE 701 W. PRESTON STREET, 4-7-83 19 ALPHEUS LINTHICUM JR. DEATH MATED 4 RACE IF UNDER 24 HRS SEX 5. DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD 26 40 MALE 06 YRS 4-7-83 19 8:05F A RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED MARYLAND Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION REPOSSESSING CARS SELF-EMPLOYED Baltimore of Waterview Avenue blk 13e. STREET ADDRESS BALTIMORE, MD. 21201 3n STATE 13d. INSIDE CITY LIMITS? 4803 PENNINGTON AVENUE, 21226 MARYLAND BALT IMORE YES X NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST ALPHEUS H. LINTHICUM HENRY DORIS E. SR. 7. INFORMANT 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 21229 DIVISION MARGARET J. ROBERTS 4740 WILLISTON ST NO UNAVAILABLE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE FORWARDED TO THE FORWARDED TO THE FORWARDED TO THE TORS PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HOUSE TO BE USED TO THE STATE DEPARTMENT OF HOUSE THE STATE DEPARTMENT OF HOU YES XX NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH UNDERLYING XXOR subject shot CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 2600 blk. Waterview or Aveune Bal Timore. Mary-STREET FACTORY FARM LITTO NOT WHILE AT WORK Autopsy XX 22a I certify that I took charge of the remains described above, held an Hamicide XX Undetermined manner Natural causes TITLE (SPECIFY) ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street Margarita A. Korell (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 1 236 DATE 23d. LOCATION 73r NAME OF CEMETERY OR CREMATORY A.A. MARYLAND BROOKLYN PK. CEDAR HILL 04-11-83 BURIAL BP 250. DATE REC'D. BY REGISTRAR REGISTRAR' SIG A TURE 24 FUNERAL DIRECTOR 21229 **DHMH - 17** HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE (VR A15 ME (5))

20M 4/82



by the attending physicion and completely filled in by the asserted carbanpopers. Pages 1 and 2 should be filled w

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoyal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
11177	Margar	et Elizabeth	Linny		April 3, 198	83
3 SE		4 RACE	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
	emale	White	MONTH	ily 28, 1913	69	MÖNTHS DAYS HOURS
-	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTI	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR CO	
10 C	ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUR WE NOT IN SUCH FACILITY, GIVESTI 1400 Del 1 woo	SING HOME (OR OTHER INSTITUTION	Baltimore 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINES
USU	AL RESIDENCE HE NURSING HOME O STATE 136 COU	NOTHER WISTINGTION GIVE RESIDENCE BE	FORE ADMISSION)	1136. INSIDE CITY LIMITS?	Quality Cont.	Printing
	Md.	- Balti	more	YES KX NO	1400 Delly	wood Avenue 212
14 FA	ATHER'S NAME FIRST George I	MIDDLE LAST		15 MOTHER'S MAIDEN NAV		LAST
	WAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT	ADDRESS	
()	YES, NO OR UNKNOWN) IF YES GI	ve war or dates) 218 1	2 4487	Paul E. Li	ppy same	
		nly one couse per line for (1), (b1, ED BY: TE CAUSE (0)	and ice	ary Mmia		BETWEEN ONSET AND DE
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7		DUE TO OD ARIA CONSE	OUENCE OF	tic cardio vi	ascular dise	as Years
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 12h, KIND OF BUSINESS OR Food Service 130 6000 Cecil Avenue, 21207 Unknown 21207 Virginia M. Thibert, 1243 Newfield Road 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN AGNES HOSPETAL

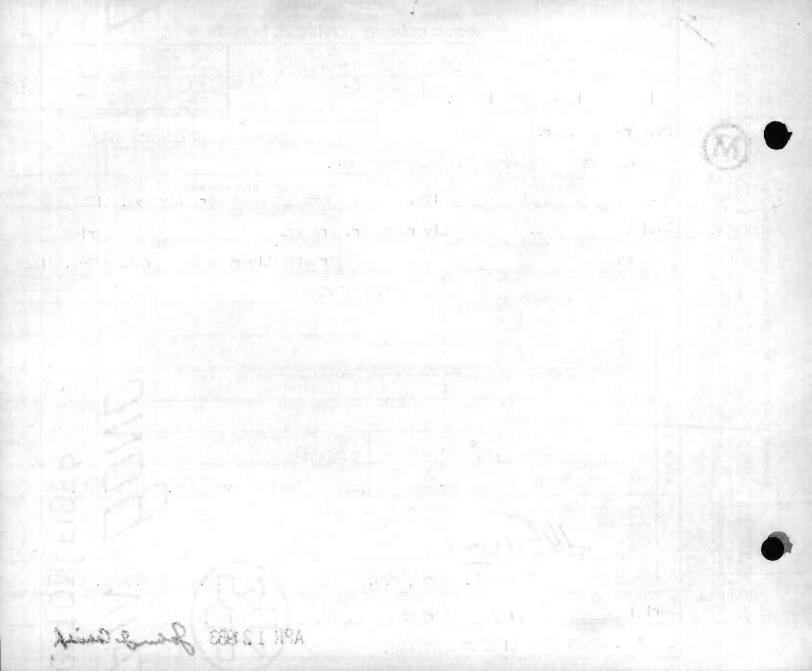
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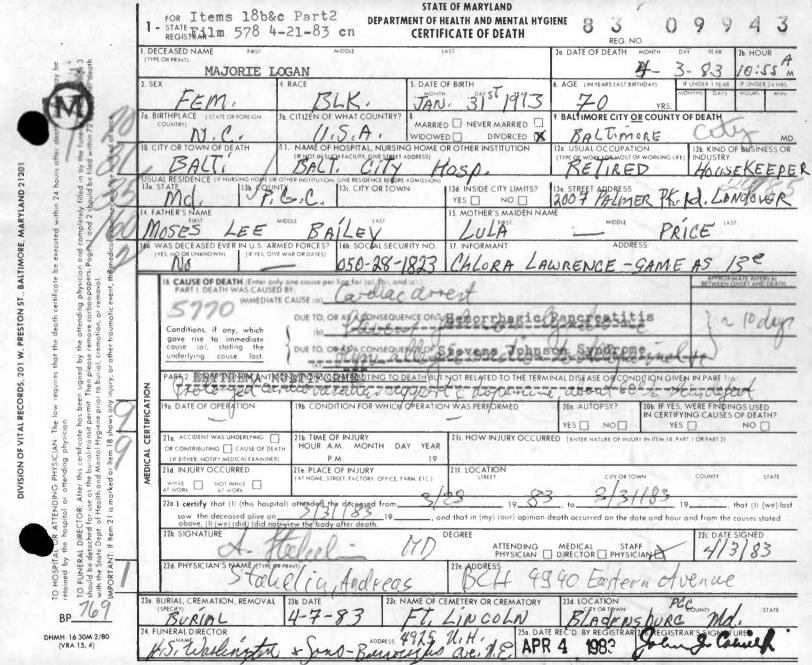
24 FUNERAL DIRECTOR

6411 Windsor Mill Rd

Woodlawn, Baltimore Co. 250. DATE REGID. BY TOTAL PART 250 DECOTRAR'S

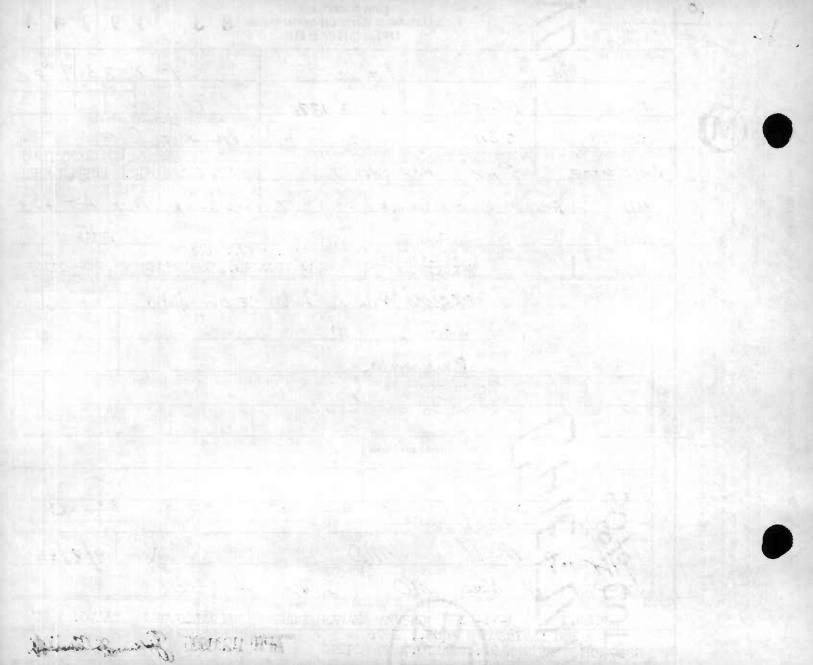
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	3. SE		4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT		
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De		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1/		GERMANY	USA	WIDOWED		BACTIMOR	E CITY	ME
17	40.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 12b. KINI F WORKING LIFE) INDUST	DEATS PAR
10	1	MITIMORE		CSPITAL		ASS'T. SALE		BBER HEEL
Dr	USU 136	AL RESIDENCE IF HURSHIS HOME	OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR	BEFORE ADMISSION)	d INSIDE CITY LIMITS?	13e STREET ADDRESS	#21208	
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8 1		VAS DECEASED EVER IN U.S.		SECURITY NO. 1	INFORMANT MR.	EDGAR LONDON	SS	
7		NO	XXXXX	14-4756 XXXX	3714 VEG	A RD., RANDA	LLSTOWN, M	ID 21133
-		18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b		A ,		BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	20 Pula	onas deilue	- E orrade	uid.	
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0		Conditions, if ony, which	(b) A.S.C.	UD C	HE			
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any, or	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART	110
273	CERTIFICATION	19g, DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
1	H					YES NOT	IN CERTIFYING CAU	ISES OF DEATH?
1	THE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		TIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
4	1000	OR CONTRIBUTING CAUSE OF		DAY YEAR				
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIF	P.M. 21e. PLACE OF INJURY		If LOCATION		wn COUNTY	Y STATE
	× ×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE
Ĺ		220 L certify that (1) (this ha	spital) attended the deceosed fi	rom 3 -	4 19.83		8 1953	_, tho (1) (we) los
	1	-	on 4 - 8 not) view the body after death.		that in (my) our) opinion	death occurred on the de	ote and hour and from	
	1	above,([]/we)(did)/did	not) view the body ofter death.	DE	GREE		22c. D.	ATE SIGNED
		1 110000	n Mall	mi	ATTENDING	MEDICAL STAF	FF 4	18/83
+	1	224 PAYSOMAN'S NAME (TYP	PE OR PRINT)	1134	220 ADDRESS		IAN	0/00
1		(FEE O FL	M. Mocc	110	(INAI	the DITAL		
-	72-	BURIAL, CREMATION, REMOV		234 NAME OF CEA	METERY OR CREMATORY	236 LOCATION		
		BURIAL			AVAS CHESED	CITY OR LOWN	TOWN BALT	ro. MD
	24 F		LEVINSON & BROS		25a_DA	TEREC'D. BY REGISTRAR	257 FEGISTRAR'S SIGI	
/B2	1	COLO DEICTED	STOWN RD., BALT	0. MD	21215 AF	K 1 2 1983	to lungs	Court
	1	OUTO KETSIEK	OLOHN KD., DKDI					



George J. Gonce, 4001 Ritchie Bg., Baltimore, Md.

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(VRA 15, 4)

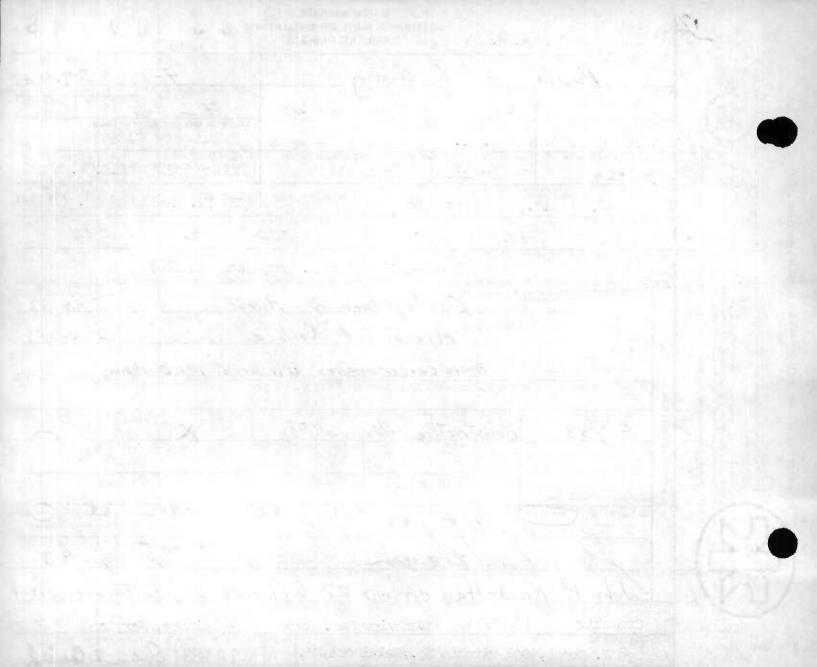
REGISTRAR

PAULA A. LONG

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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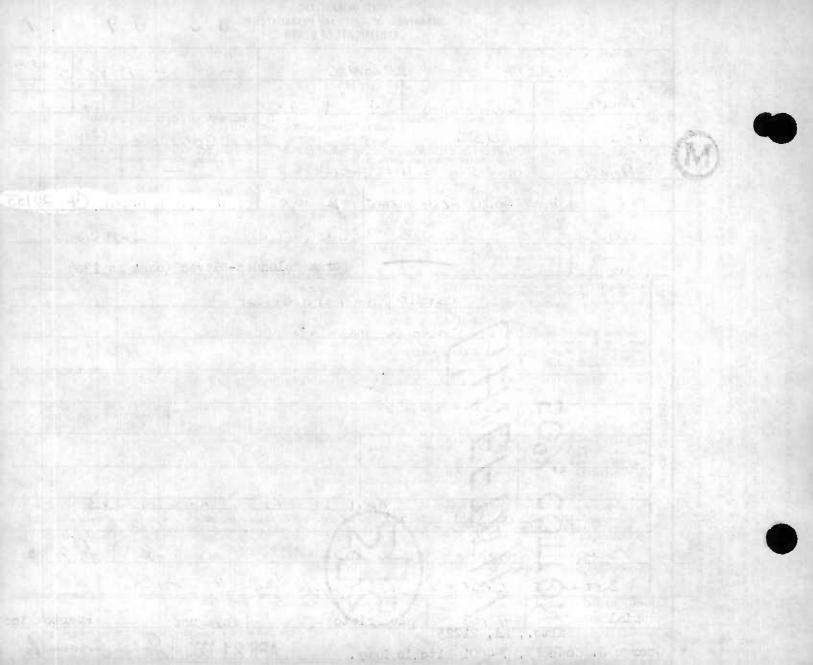
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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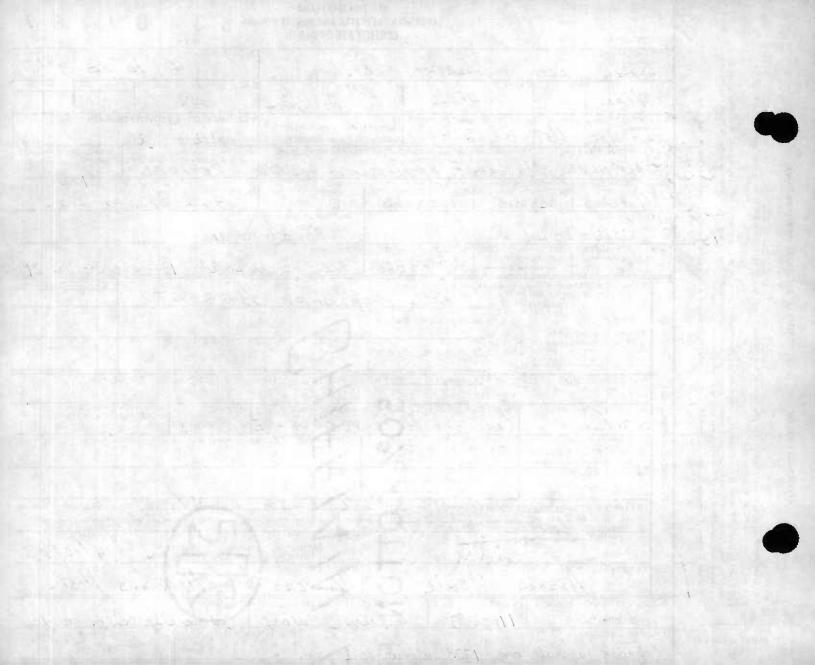
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entol Hygiene prior	CERTIFICATION	3/21/83	CORCNARY	WHICH OPERATION	722		Db. IF YES, WERE FINE N CERTIFYING CAUSE YES []	
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of He 21 is		saw the deceased alive abave, (1) (we) (did) (did	ospital) attended the deceased an analysis with body after death	_19, o	nd that in (my) (aur) apinion	death accurred on the date		
tote Dept.	3	22b. SIGNATURE	Daily		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 110	TE SIGNED
should be detor with the State D IMPORTANT: IF		224 PHYSICIAN'S NAME ITY	ris HBRI	4	Lie ADDRESS	TY OF MARY	LAND H	03P.
w 3 \(\)	23a.	SURIAL, CREMATION, REMOV		1	EMETERY OR CREMATORY	23d LOCATION	COUNTY	M STATE
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OM 4/B2 i, 4)		NAME	L Home 1328 S	ulphur S	pring Rd. AF	PR 111983	John J.	Carrell



2171-21-2 W SAUTO 136 S. HISHLAND AVE ASSESSMENT DIES OU STURE NO BALTO X 130 S. MICHARDO PULL COVILLE R DRISCILL LOUISE HEISE THE STATE SEED WINNESS TONGE TO BEST SEED STE 0.14 There's constitution and the contract of the inner of the contract of the cont W. STARE COM BANKINGS COM BRIDGE

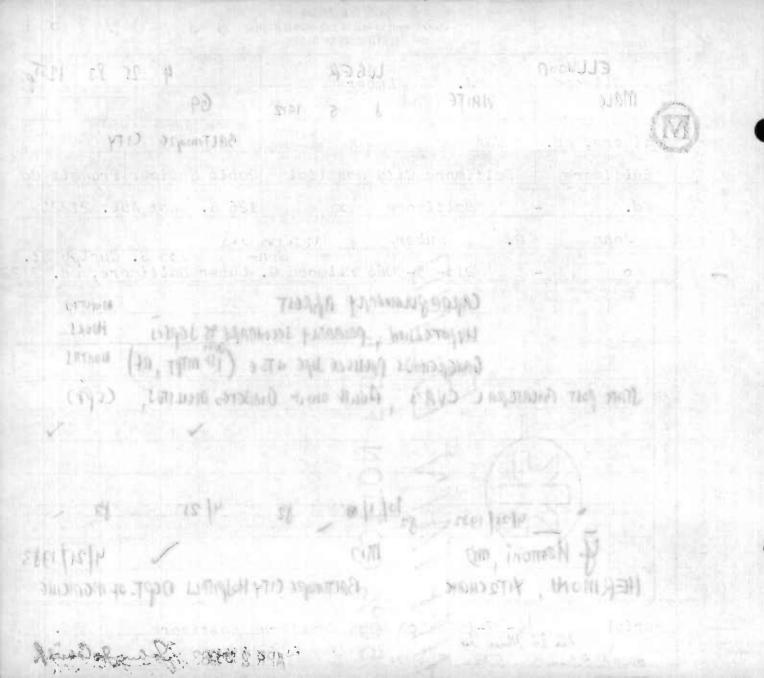
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

Raltimore

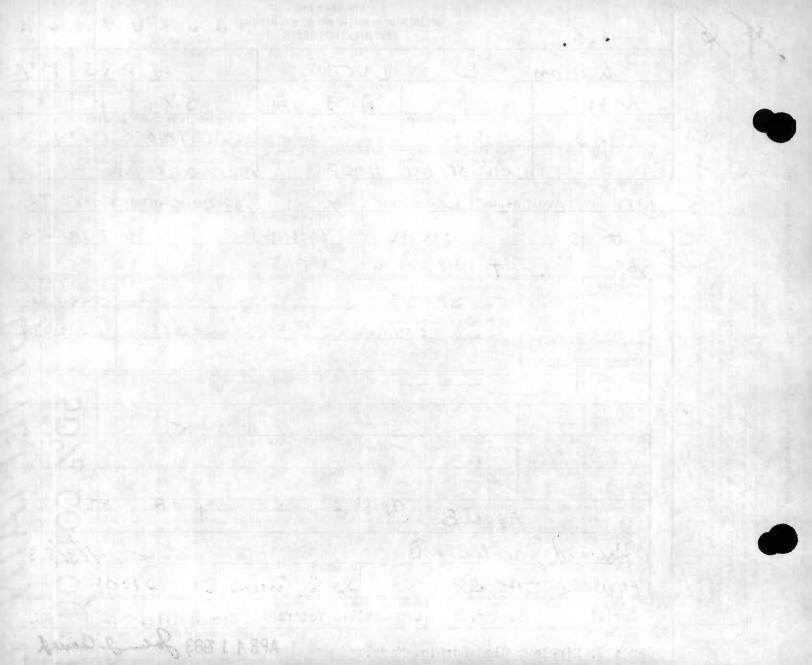
- STATE DECEASED NAME ELLWOOD 2a. DATE OF DEATH MONTH 83 Fllwood 4 RACE (INVEARS LAST BIRTHDAY) 7912 9 BALTIMORE CITY OR COUNTY OF DEATH HPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORG imore. Md. WIDOWED 126 KIND OF BUSINESS OR Transit Cable Splicer Baltimore Baltimore City Hospital 136 COUNTY 13. STREET ADDRESS 126 S. East Ave. 21224 13d. INSIDE CITY LIMITS? Baltimore Md. 4 FATHER'S NAME MIDDLE John Luber UNKNOWN ADDRESS S. Curley St. Son-160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-05-9064 Ellwood G. Luber Baltimore, Md. 2122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY MOROTIO HOULS JECHNALLY TO JERS () Conditions, if ony, which gove rise to immediate MONTHS couse (o), stoting the TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF BEATH? 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that the (this haspital) of ended the deceased from sow the deceased olive on. and that in (Ny) (our) opinion death occurred on the date and hour and from the causes stated MEGREE we view the body ofter death. ATTENDING DIRECTOR PHYSICIAN T2 CHOK 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 4-27-1983 Oak Lawn Cemetery Rurial

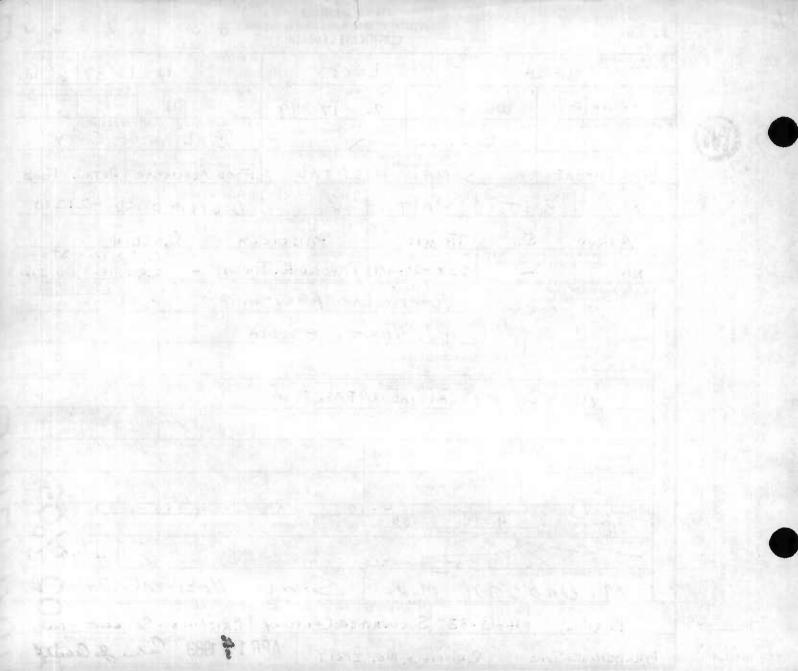
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AND O	filled mould		QD	-	ARUNAL	GLEN	BURUIE	_/		52 CHAR	ANTE	CT AF	TT2
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X	wheel was		THOMAS			LU	CAS	6-16	411/20			TUA	ENER
BALTIMORE	ond coges		VAS DECEASED EVER	IN U.S. ARME			SECURITY NO.	17 INFORMANT	1	ADDR	ESS		
W I	be of rs. Po	_	YES	1946-	47		16-1026	CANA	421				
8 ×	ficate pape naval.	177	18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED	one couse per BY:								MATE INTERVAL
1 57.	ng p bon rem	72	2000	IMMEDIATE	CAUSE (o)	21	25/5					124	1 ms
PRESTON	tendi e cor on, or		Conditions if any	letale	DUE TO. O	RASACONS	A METAL	ARIA T	BIAS	ST CRIS	15	In	10NTH
P. E.	e off motion r frau		Conditions, if ony, gove rise to imm cause (a), statin	nediote)			Crisiii C					
<u>`</u>	by the second of		underlying cause		DUE TO, O	R AS A CONS	SEQUENCE OF						
, 201	gned b in plea burial, ry, ar c	12	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CON	DITION GIV	EN IN PART 110) '
DIVISION OF VITAL RECORDS,	equeque r ta	CERTIFICATION											
ECC	law r s bee s prio	ICAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED OF DEATH?
AL	The icion.	RTIF	***				-			YES NO	YE:	5 🗍	NO 🗌
2	physicis inficate Il-tronsit ol Hygi n 18 sh		21a. ACCIDENT WAS UND		HOUR A.	M. MONTH	DAY YEAR	TIC HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART I OR PART 2)	
O Z		MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE	M.	19	211 LOCATION					
/ISIO	G PHYSIC ottending er this cer s the burio i and Ment	ME	WHILE NOT WH	ILE 🗍			FFICE, FARM, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE
ā	or o or o se as se as solth mork	m	220.1 certify that (I)) attended th	e deceased f	rom Apri	16	. 83	to A are	18	10 83	that (I) (we) last
	haspital haspital RECTOR: red for us spt. of He		sow the decease above, (I) (we) (c	d alive on	MUN		19 83 , or	d that in (my) (our) opinion dec	oth accurred on the c	late and hou		
			226 SIGNATURE	/ (010 1101)	view the body	offer death.		DEGREE	16.			22c. DATE	SIGNED
	AL D AL D Lefoc Lefoc Lefoc		O Howa	d	apoli	a M	0		NDING DE	MEDICAL STA	CIAN DE	4/8	P/83
	HOSPITA bined by FUNIER FUNIER MIT THE STEE FORTANT		22d. PHYSICIAN'S NA	ME (TYPE OR	RINT)			22e ADDRESS	^				
	O HOS		HOWAR	0 0	ACOC	25		225.	Gree	ne ST	21	201	
	7 5 F 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	23a. E	URIAL, CREMATION,		23b. DATE	02		EMETERY OR CREA		23d LOCATION		COUNTY	STATE
	BP		SPECBurial		12 Apr	.03	Crownsv	ille Vete		Crownsvi		°AA'	Mď.
DH	HMH - 16 50M 4/82	24. FU	James S. K		0.7	ADD	RESS 14 - 3		APR	1 1 1983	So Cu	2 6	uil
	(VRA 15, 4)		James S. K	irkley	, Glen	Burni	e, maryl	ana	Ell II	1 1 1000	1	-0	



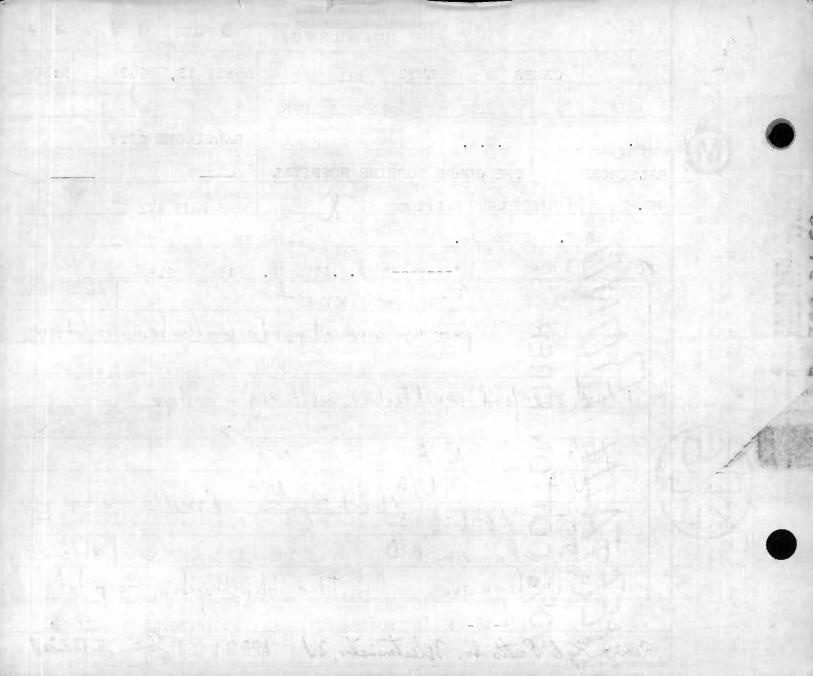


STATE OF MARYLAND

ENTERED ENTRY The same of the sa A SAN CAN LINE LAND LAND CONTRACTOR The Part of the second Set Burns Synaph That said any care 2 to 4 miles at 1 THE REAL PROPERTY OF THE PERSON OF THE PERSO

	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		B 3	0 9	9 5 5
33.0		CEASED NAME	FIRST	MIDDLE		LAST	20 D			EAR Zb. HOUR
ge 3	() IPE	OR PRINT)	JAM	ES W	LUTZ	111	Aγ	ril 13,	1983	5:50p
. pa	3 SE	(METERS.	4 RACE		5. DATE OF BIRTH		GE (IN YEARS LAST BIRT		
rs of		MALE	300	WHITE		SEPT 2 197		5	YRS.	DAYS HOURS MIN.
C Seed of		RTHPLACE (STATE O	r foreign	76 CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIE	9 BA	LTIMORE CITY O	R COUNTY OF DEA	тн
TA AY		MD.	150	U.S.A.		WIDOWED DIVORCE		BALTIMOR	RE CITY	M
TIAIT	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HOSP		HOME OR OTHER INSTITUTIO		USUAL OCCUPATION		IND OF BUSINESS OF
3		LTIMORE		THE JOH	NS HOE	KINS HOSPITA	L			- 6
2 20	130 S	L RESIDENCE (IF NU	RSING HOMP OR	OTHER INSTITUTION GIVE R	ESIDENCE BEFORE		ITS? 113e. S	STREET ADDRESS	21	224
100	M		BAL	TIMORE B	ALTIMO	RE YES NO	32	42 FAIT	AVE	
17日	14 FA	THER'S NAME		WIDDIE	LAST	15 MOTHER'S MAIDE	EN NAME	WIDOLE		LAST
9		JAMES		LUTZ JR.			PHLEEN		CLARK	
dico	0	AS DECEASED EVE		MED FORCES? 16b :	SOCIAL SECUR	ITY NO. 17 INFORMANT		ADDRE	SS	
s. Pog	_]	10	NON	E *		-* J.W.LUTZ .	JR.	13e 2	21224	
paper laval. ent, th		18 CAUSE OF DEA	TH (Enter on	ly one couse per ly f	or (a), (b), and		_		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ever		1/140		E CAUSE (0)	ardi	ac arrest				
notic	4	4170		DUE TO, OR AS			1	- /,	1 - 1	12011
frour		Conditions, if an		(b) >0	or my	ocardial pe	rtus	104/135	Lema 1	raay
ther	8	couse (a), stat	ing the	DUE TO, OR AS	CONSEQUE	NCE OF				
or a				(c)						
lury,	Z	PART 2 OTHER STO		1 11		EATH BUT NOT RELATED TO THE	TERMINALI	6-1		ART I(o)
ony i	ATIC	19a. DATE OF OPER	OVE ATION		FOR WHICH	PERATION WAS PERFORMED	0 V 0 4	A TOPSY?	206. IF YES, WERE F	INDINGS USED
e s	IFIC						VE	NO 🗆	IN CERTIFYING CA	
Hygie 18 sho	CERTIFICATION	210. ACCIDEN WAS U	DERLYING [216. TIME OF INJ		21¢ HOW INJURY O				201
or Hem B	10	OR CONTRIBUTING	TAUSE OF DEA	HOUR A.M	MONTH DA	YEAR 10	JA			
or H	MEDICAL	21d INJURY OCCU		21e. PLACE OF IN	JURY /	211 LOCATION		CITY OR TO	WN COUN	ITY STATE
rked	Z	WHILE AT WORK IN	HI/E /	(AT HOME STREET, FA	CTOR WITH	W. I IC.	NIA	1 -	127	O STATE
o E a	3.			tal attended the dec		March 23 19	03,	· Porus	198	2. that (IV (we) lds
21 i		sow the docean	did did no	A pri	13 19 E	ond that in (my) (our)	oinion deoth	accurred on the da	ite and hour and fra	m the couses stated
He He		226. SIGNATURE	5	n		DEGREE		40	224.	DATE SIGNED
T. F		V.	Du	chance	uppl	PHYSIC	ING ME	DICAL STAF	IAN S	1-13-83
with the State Dep		22d. PHYSICIAN'S D	AME (TYPE O	R PRINT)		22e. ADDRESS	1 1	10 1	. 11	. 1 /
MPORTANT		D. E	DUC	hanav	1	lhe-	John:	stopki	us Hosp	pital
3 3	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF CEMETERY OR CREMAT	ORY 23	d LOCATION	COUNTY	STATE
		BURIAT,		4-16-83	ME!	DOW BRANCH	- 1	WESTMINS		OLL MD
A 1/81	24. FL		VIA	O .As 0	1 speed	t1 2. 1 25	O. DATE REC	D. BY REGISTRAR	256 REGISTRAR'S SI	GNATURE
1)	C	TOBULT 1	zeli 0	Mills Ar.	Wils	minster, me	HLL	Q 1 1900	and	- concert.

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND

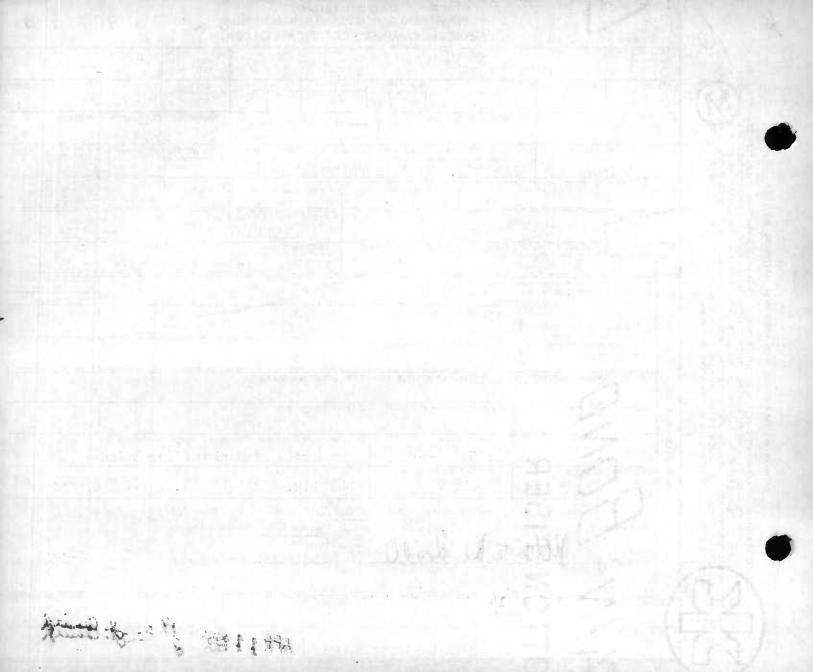
BOOK STANK IN THE STANK IN Server Street Control of the server of the s the metallicities with made well-real to be a secure of JAMES HEROTTAL SPANIES CHALLERY COMMENTERS

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	REGISTRAR		CERI	IFICATE OF DEATH	REG. NO).		
	DECEASED NAME FR		M MAC	ALONG MD.	20. DATE OF DEATH	MONTH DAY		26. HOUR P
L					APRIL 10			11:40 4
12	SEX MATE	4. RACE WHI		E OF BIRTH 10. 29 DAY 1935	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
70	MALE BRITHPLACE (STATE OR FOREK				9. BALTIMORE CITY OF	YRS.	F DEATH	
	PHILLIPINE	s U.S.		RIED NEVER MARRIED WED DIVORCED	BALTIM			MD.
100	BALTIMORE		OSPITAL, NURSING HOM HEACILITY, GIVE STREET ADDRESS) HNS HOPKIN	E OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MEDICAL D	WORKING LIFE)	INDUSTRY	OF BUSINESS OR
U			GIVE RESIDENCE BEFORE ADMISSIC 13c. CITY OR TOWN NEWARK	13d. INSIDE CITY LIMITS? YES NO XX	130. STREET ADDRESS 203 CAIN	NEW RUE	ARK, LAMBI	DELA. ETH RID
+	QUINTIN	WIDDLE	MAGALONG	15. MOTHER'S MAIDEN NA CARMEN	WIDDLE			IN NDOZA
16	WAS DECEASED EVER IN U	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. L35-36-875		WILMIN CKERSHAM F		L HON	
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	R AS A CONSEQUENCE OF INTRIBUTING TO DEATH B TION FOR WHICH OPERAT	UT NOT RELATED TO THE TERM	AINAL DISEASE OF COND	20b. IF YES, V	WERE FINDI	
	210. ACCIDENT WAS UNDERLYS	OF DEATH HOUR A.	M. MONTH DAY YEA		YES NOTER NATURE OF INJUR	YES I		NO 🗌
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C		211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
		L L . / / /	0 1983	and that in (my) (aur) apinian	death occurred an the da	2, 19 te and haur a	ind fram the	
	SUSAU	5 Bu	islu !	DEGREE NO ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	6/83
1		Bressler		Johns Hoz	hers Horge	tal		
1	30. BURIAL, CREMATION, REM (SPECIFY) REMOVA	1 4/20	/83 All	Saints Cem.	Wi'Iming			
2	FUNERAL DECIDE MUI	nek unera Brehms Lar	ne, Balto.	Md. 21213	PR 191983	Sb. RECISTRA	AR'S SIGNAT	Coming

6	1-	FOR #23b L'	11m G57	D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAI ER'S CERTIFICATE	0 0	5	0 9	9 5	8
10	1. DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	LAST	20. DATI	REG. N		DAY YEAR	7b. HOUR
2 tri	(TYP	E OR PRINT)	DAVI	ID W	1.	MANLEY	OF	ESTI-	4-9-		44
1	3. SEX	4. RAC		5. DATE OF BIRTH	6. AGE I IN YEAR LAST BIRTHDA	S IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DA	TE	MONTH	DAY YEAR	24 AIQUR
)			ack	2 18	68 15 YR		DEA	AD		-8319	12:35
25		RTHPLACE (STATE OR REIGN COUNTRY) MD		76. CITIZEN OF WHA		MARRIED NEVER MA	RRIED 🔄	IMORE CITY	_	OF DEATH	
~	10. CI	TY OR TOWN OF DE	ATH			OR OTHER INSTITUTION	12a. USUAL OCC	Ltimore		b. KIND OF BU	SINESS
0		Baltimore	9	3400 blk	LIFY, GIVE STREET ADDRESS)	Avenue (alley	FOR MOST OF W	ORKING LIFE)		OR INDUSTR	₹Y
5	130. S M	TATE	136 COUNTY	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	N) 13d. INSIDE CITY LIMITS	13e STREET ADD	RESS eiste	rstow	21217 n Rd.	2121
10 55 00)	THER'S NAME FIRST Walter		Ma Ma	ınley	15. MOTHER'S MA		MIDDLE		roll	
1	16s. V	VAS DECEASED EVER	(#F YES, GIVE W		16b. SOCIAL SECURITY			ADDRESS			7
		No			N/A	Lillie	Manley	4731 I	Reist		
		18 CAUSE OF DEA PART DEATH V	VAS CALISED	ane cause per line to						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
\AI		01-	IMMEDIATE	CAUSE (a) GUI	nshot wound						
OR REMOVAL.		Conditions, if	any which	DUE TO, OR A	S A CONSEQUENCE O	F					
AND MENTAL ATION, OR RE		gove rise to	immediate	(b)							
URIAL, CREMATION, O		lying cause lost		DUE TO, OR A	S A CONSEQUENCE O	F					
WAIG		PART 2 OTNER SIGNIFICAT	NT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN	PART 1 (g).				
Z	TION	14 5 175 05 055	171011								
1	FICA	19a. DATE OF OPER.	ATION	196. CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORMED?				20 AUTOPSY?	
7	CERTIFICATION	21a. EXTERNAL CAU	SEWAS	21b. TIME OF I	NJURY	21c HOW INJURY OCCUR	RED LENTER NATURE OF	IN II I I I I I I I I I I I I I I I I I	PART I CO DARY	YES [X	NO [
	ALC	UNDERLYING CONTRIBUTING	X _R		MONTH DAY YEAR V 4-9-83	subject sh					
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE OF	INJURY (AT HOME,	21f. LOCATION .		- 7			
	M	WHILE NOT AT W	WHILE X	x STREET, FACTOR	Ley ETC.)	3400 blk. V	/irginia A	ve. Bal	Ltimore	ě, Mary	Land
3		220. I certify that	I took charge	of the remains descr	ibed above, held an	Autapsy X, Inspec	tion , Inquir	y . or	nd in my opini	ion	
5		death resulted from	n: Natural	I causes	Accident , Suic	ide , Homicide XX	. Undetermined	manner .			
1		ACTUAL	Mr	doit A	W nl	TITLE (SPECIFY)			61518		
-		ACTUAL SIGNATURE	Mar	malle	Proll	M.D. Assista	nt MEDICAL EXA	AMINER	DATE SIGNED.	4-9-8	3
	The same of the sa	EXAMINER'S NAME		E. 73.							
	22. 5	(TYPE OR PRINT)	Marc	garita A.	Korell, M.D	ADDRESS 11		reet			
	230 B	URIAL, CREMATION, I		4/ 21 /83		ourn Cem.	23d LOCATION CITY OR TOWN Bal	timore	COUNTY	MD ^{STA}	ATE
	24 FI	UNERAL DIRECTOR	f to			25a. DA1	TE REC'D. BY REGISTE			O TURE	
5))	1	wm. C. M	arch 1	F/H 110	1 E. Nort	h Ave. AP	R 1 1 1983	6	-		3



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MILLIONERE GITY		2.30	in a sy water	
(40)		LEWIS OF MAIL	AND VERTICAL COLVERNA	
AND SHOULDES LEAR HOL		San alested 60	Service Questions	
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San and Comment States	PA SUSSINA	712-73-7663		
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ASSESSMENT OF THE PROPERTY OF THE	73.0 5 2 55	043/14/01	JIST VÁ Č	
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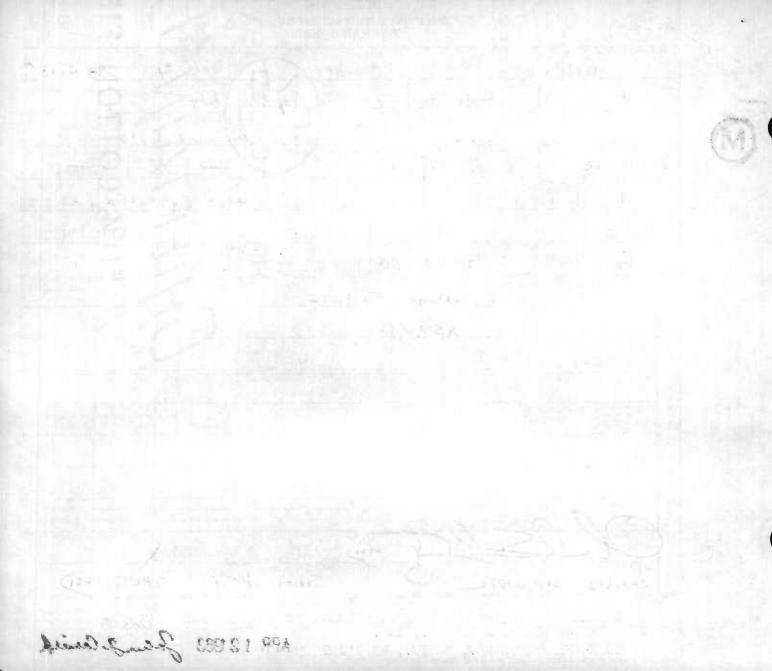
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL
CENTIFICATE OF BEATH

HYGIENE 3

09960

/	'	REGISTRAR			CERTIF	ICATE OF DEATH		REG. 1	VO ***			
		CEASED NAME FIRST		WIDDLE	l.	AST	2	DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
		Goldi			1	unnes			24	9	83	5.18 N
	3. SE:	× =	4 RACE		5 DATE C			AGE (IN YEARS LAST B	RTHDAY)	IF UNDER	R I YEAR DAYS	IF UNDER 24 HRS
-	/	EMALE		AUCASIAN	Z	9 1	9	64	YRS			
32		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9	BALTIMORE CITY	OR COUNT	Y OF DE	ATH	
0		MARYLAND		5.A.	WIDOWE			Baltimor	e C	ty		MD
10	10	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN TH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION		20 USUAL OCCUPATIVE OF WORK FOR MOST			KIND O USTRY	F BUSINESS OR
2	1	altimore	Sina	11 Hos	pital			HOUSE	WIFE		AT-	HOME
35	13a. S	MI	Balts	130. CITY OR TOW	'N	13d INSIDE CITY LIMIT		80. STREET ADDRESS	fallst	aff 1	ed.	#2121
07	M FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NAME					
H	1	JULIUS	Model	MILLE	R	HATTI	E	WIDDLE		S	LOM	OVITZ
n		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT MI	R. BI	ENJAMINAM	NNES			
-		No	. Olve war Or Dales)	213-20-	2008	4206 FALLS	STAFE	F RD. #2	1215			
		18 CAUSE OF DEATH (Enter	only one cause per							BE	APPROXICET WEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAU	DIATE CAUSE (a)	CHADIA	2 F	MILURE						
		4292	DUE TO, OI	R AS A CONSEQUE	NCEOF							
		Conditions, if any, which	(b)	ASC	10							
		gove rise to immediate cause to, stating the	,	R AS A CONSEQUE	NCE OF					25		1211
		underlying cause last	(c)									
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ontributing to i	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COM	DITION G	IVEN IN P	ART 11c	3
	CERTIFICATION											
1	ICA	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	1N CERT	ES, WERE IFYING C	FINDIN	OF DEATH?
	RTI	a	50 40 70050	E INTUINA		I at the second		YES NO		res 🗌		NO 🗌
1	- 1	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR P	ART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19	AU						
	MEC	WHILE NOT WHILE	21e. PLACE ({AT HOME, STR	OF INJURY REET FACTORY OFFICE, F	ARM ETC)	211 LOCATION		CITY OR T	OWN	COU	YTAL	STATE
		AT WORK AT WORK										
		22a I certify that (I) (this had deceased alive		e deceased from		d that in (mu) (aus) an		. to	late and t	19		that (1) (we) last
		Obove, () (ye) (sid) (did)	not view the body	after flegth.		d that in (my) (our) ap	mion dec	occurred on the c	agre ond no			
	(1 - 6	100	006		ATTENDI	NG	MEDICAL STA	FF A	220.	. DAIE :	SIGNED
1	- 3	22d. PHYSICIAN'S NAME (TY	DE OD PRINTS	my ,		PHYSICIA 72e ADDRESS	AN []	DIRECTOR PHYSI	CIAN			
			EHW ART &)	SIN	41 1	4050	BA	राः	u	少
	23o B	BURIAL, CREMATION, REMOV				EMETERY OR CREMATO		23d LOCATION		COUNT	Y	MD'E
	24 E1	BURIAL UNERAL DIRECTOR SOL	4-10-8			W YOUNG ME		BALTIMOR		BALTE	2.	MID
	24 10	NAME		40000555			APR	1 2 1983	Joe	HARD	1. C	will
		6010 REISTE	CVOIONN KI	J., BALIU	., MD	21212		1000	0		SOUTH STATE	7

DHMH - 16 50M 1/B1 (VRA 15, 4)



Brown/Thompson F.H. 1913 W. Balto. St

STATE OF MARYLAND

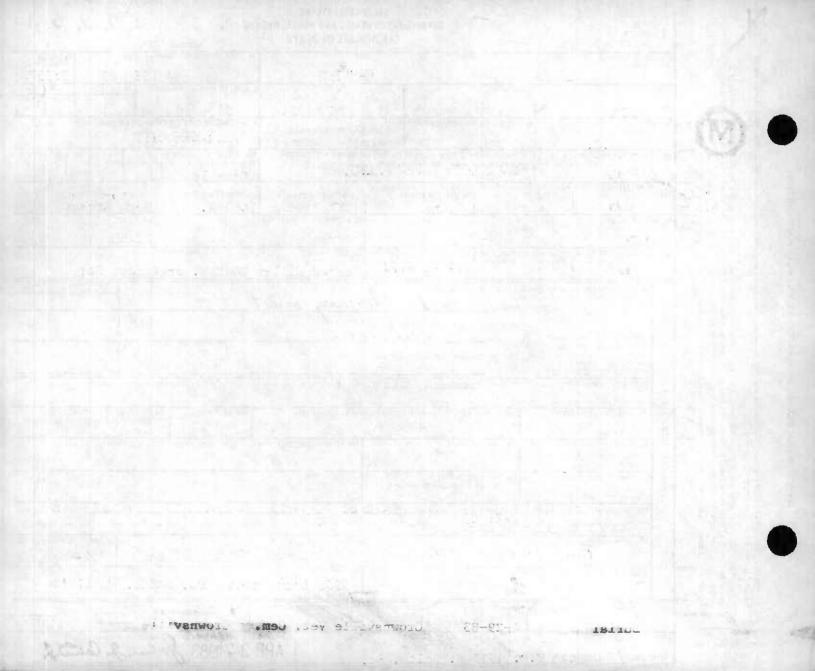
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)



	1 1	tems 21a-22a G	580 6/30/83 da	d STATE OF MARYLAND			
	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 3	0 9	9 6 2
w t		PECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR
deo		RICHARD	J.	MANNING	APRIL 1		5:03 A
or. po	3. 5	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE TIN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
rs o	_	MALE	BLACK	4/ 19/ 50	32	YRS.	
13	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMO	R COUNTY OF DEATH	H MD
Ux	4	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CHURCH HOM)	IG HOME OR OTHER INSTITUTION ADDRESS) E HOSPITAL	120 USUAL OCCUPATI		ID OF BUSINESS OR
35	130	UAL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTIMOR	N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 605 SCOTT	CTDFFT 2	1230
xominer		FATHER'S NAME FIRST RICHARD	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	SIREEI	LAST
00	16a	WAS DECEASED EVER IN U.S. AF		IRITY NO. 17 INFORMANT	ADDRE	SS - /	
e medi	L	YES YES (IF YES, GI	219-50-3	714 LAVENIA	PHIMAM	5/17	
movol.	Г	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), on ED BY: .TE CAUSE (a) ^ DRUG OV	ZERDOSE - COMA			WEEKS
ar re		9.505 MMEDIA	DUE TO, OR AS A CONSEQUE				
fron.		Conditions, if ony, which	(b) DRUG A	ADDICTION		YI	EARS
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ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
8 sho		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		
To ma		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	$\frac{8}{23}$ 23 unk	nown		
or the	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	wn COUNTY	STATE
rked	2	AT WORK AT WORK	unknbrought	by ambulance fr	om city loc	cation	
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n21			APRIL II, 19 ot) view the body after death.	PRODA SURELLINE	death accurred on the de		
Dept f Iten		22b. SIGNATURE	19. 1.	DEGREE	MEDICAL STAI		ATE SIGNED
Z - Z	-	22d. PHYSICIAN'S NAME (TYPE	Posmley	PHYSICIAN I	MEDICAL STAIL DIRECTOR PHYSIC CH HOSPIT	AL CORPOR	₹ATTON
PORTA		PAUL GORML	EY, M.D.	100 N. BRO			
799	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	. ///county	A53316/
0 1	24	FUNERAL DIRECTOR	14-18-83 KA	eownsville Vet	TE REC'D. BY REGISTRAR		NATHER
OM 4/82		PUNERAL DIRECTOR	ADDRESS		1 7 4002	GISTRAR'S SIGN	Carriel

A COURSE OF THE SECOND SECOND

South Carrier Ed. S. A. This remains the last the second of the seco 2407 W Lancale St FERRY BURTON MINNEY CHARLENA THE RIVER PROTESSED THEN THE SECOND WILLIAM TO SELVE THE THE SECOND THE SECON The state of the s

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND M		0 0	, NO.) 9	1 6	4
		CEASED NAME OR PRINT)	Georg		shington		iokey		20 DATE OF DEATH		L983	2b HOU	IR M
	3. SEX	le		Black	\$	5. DATE C		95	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		24 HRS MIN.
	Po. Bil	RTHPLACE (STATE OF	R FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		ARRIED D	Baltimore city				MD.
0		ty or town of DE	ATH	(IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A Agnes Ho	DDRESS)	_	TUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSIN	ESS OR
5	13a. S		M3b COUN		GIVE RESIDENCE BEFORE 13c. CHTY OR TOWN Catonsv	.1	13d. INSIDE CIT EYES 🗌	Y LIMITS?	13e STREET ADDRES	d Fre	deric	212 k Rd.	
0		THER'S NAME FIRST		Manc	key			MAIDEN NA/	ME		aughn	LAST	
	- 14	/AS DECEASED EVE ES, NO OR UNKNOWN) ES		MED FORCES? E WAR OR DATES)	212-32-		Carton Marion		Manokey ^{an} Russell				e.
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	w	21a ACCIDENT WAS U	NDERLYING T	216 TIME	OF INJURY		21r HOW IN I	IRY OCCUPE	PED / SAUTER MATURE OF	NUMBER OF TREAT	B BART LOBBART	13	

HOUR A.M.

P.M

21e PLACE OF INJURY

MONTH DAY YEAR

19 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

COUNTY

STATE

MEDICAL 22a I certify that (I) (4

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

theopital) oftended the deceased from ve an 4/20 sow the deceased alive on 4/20 above, (1) (we) (did not) view the body after death

DEGREE

1980

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

in (my) (seec) opinion deoth occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TXRI OF HINE)

Jr., M.D. Gallager,

22e ADDRESS

3455

Wilkens Ave.-Balto., MD

April

(VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 shows

23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80

236. DATE

4/27/83

23c. NAME OF CEMETERY OR CREMATORY Arbutus Mem

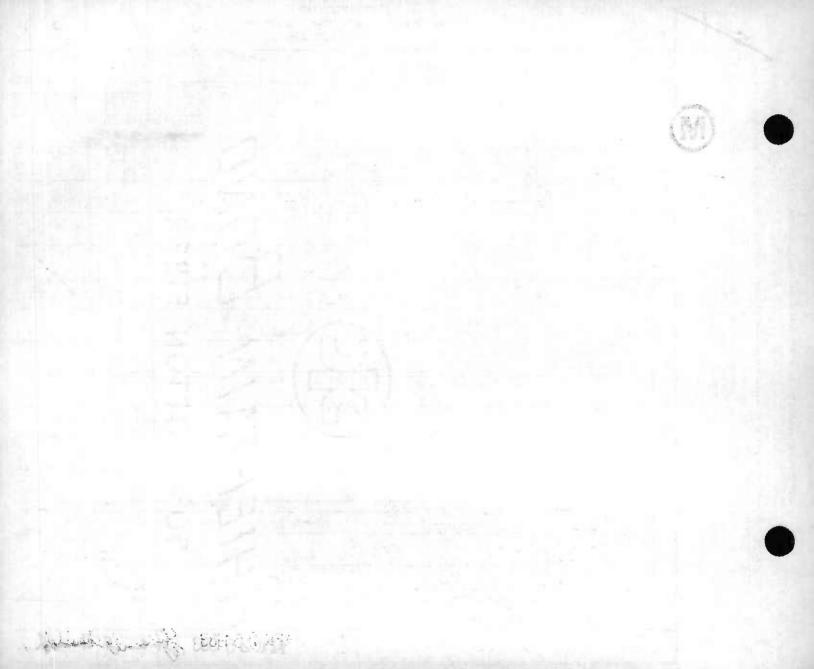
23d LOCATION CITY OR TOWN

COUNTY

STATE

1101 E. North Ave. March F/H C.

Baltimore



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPA		ICATE OF D		IENE B	REG. NO.	0 9	965
ì	1. DECEASED NAME FIRST	MIDDLE		LAST		20 DATE OF E		DAY YEAR	26 HOUR
1	AMELIA		MA	MCH		APRI	L 29	1983	10%
	3 SEX	4. RACE	S. DATE O			6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	
	FEMALIE	WHITE	MONT	27_	189Z	9	O YR	MONTHS DAYS	HOURS MIN.
1	O. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER M		9 BALTIMOR	ECITY OR COU	NTY OF DEATH	
2	x0000xMd.	USA	WIDOWI		ORCED	BAU	TIMORE	CITY	MD
Ø	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTI	TUTION	12a USU A O		12b. KIND IG (IFE) INDUSTRY	OF BUSINESS OR
2	BALTIMORE		onz GE	UERAL			CONCONO		ework
1	SUAL RESIDENCE (IF NURSING HOLDING HOL	13c CITY OR T	TOWN	13d INSIDE CIT	TY LIMITS?	13e STREET AL		LVD.	21221
7	14 FATHER'S NAME FIRST FRANK	MIDDLE LAST HOUSEN	nAN	15. METHER'S	MAIDEN NAM	AE .	WIDDLE	Barthon	l.
2	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMAN	X 7 X X		ADDRESS	A	
	NO	219-0	7-2219	Charle	es Dimi	ck 900	S. Bau	lia Stro	0+ 21224
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) PNEUM DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	NOT RELATED			SY? 20b IF	YES, WERE FIND	INGS USED
	HOUE ,	NON	JE			YES 🗌	NO IN CE	RTIFYING CAUSE YES	S OF DEATH?
1	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 218. NUMBER NOTIFY MEDICAL EXAMINE WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19	211 LOCATION STREET			re of injury in Item	18 PART I OR PART 2) COUNTY	STATE
	saw the deceased alive or	APRIL 29 1	<u>83</u>		. 19 <u>83</u> our) opinion d		On the date and	hour and fram the	
	M. K. Kawl	unp		PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATI	19/83
	RAWLINGS	<i>0</i>		SOUTE			GENERI	AL HOSY	MAL
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 5_4_80	0 1 1	EMETERY OR CE		23d. LOCATI	TOWN	COUNTY	STATE
1	24 FUNERAL DIRECTOR	7-7-03	Oak Lo	wn eme	ZSO DATE		WOOD B	alto.Co.	Md
	Charles S. Zeile	r & Son Inc. 90	01 S.Con	rkling S	tMAY	3 198	177	mel la	hulf

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the orten should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, aremation.

MPORTANT: If Item 21 is marked or Item 18 story

ALLEN DES LIGHT CONTRACT CONTR See See S. H. Street Street 40000 Milenes divise jour 2007 NO THE SHEET MARKET THE CONTROL OF SHEET SHEET SPEED STORY CANAD PLANTING WHICH AND SET IN JOHN CE - IN - TO A min! Fig. a la lan graner common, whise, is, is, grandes s. rilea & son Inc. 901 s. constitue st. 111 &

736 Edmondson Acs. - Catonsville, Md. 2122

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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** ** E E	PERSONAL CONTRACTOR	
S. F. Park	2 8 M	
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		1	FOR STATE	DI	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	0 9	168		
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CA	10	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI 3112 MCE)	NURSING HOME (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer	ON 12b. KINI F WORKING LIFE) INDUST	D OF BUSINES		
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ed within 7 mpletely fill and 2 sho	cominet	-	aryland -		AST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST		
executed and com	res that the death certificate be executed by the attending physician and completes remove carbonopers. Pages 1 abundly cremation, ar removal. Y. or other traumatic event, the medical endinger.		1 George VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 16b. SOCIA	AL SECURITY NO. 18-5575	Margaret 17. INFORMANT	ADDRE				
reen it. T		ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN' Sever		NSEQUENCE OF	T NOT RELATED TO THE TERM AND WAS BERFORMED	MINAL DISEASE OR CONI	DITION GIVEN IN PART	IDINGS USED		
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attendin attendin ther this as the bu	arked ar I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOW	VN COUNTY	STAT		
by the hospital or ERAL DIRECTOR: A teral DIRECTOR: A detached for use of State Dept. of Healt	(NT: If Item 21 is m		220.1 certify that (I) (this has	Warsh	19830	nd that in my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	22c. D/	the couses state		
TO HOSPI retained b TO FUNE should be with the S	IMPORT.		F. Mar	shell		Dept. 4	ralogy Jo	has Hopkin	class.		
BP		23a	BURIAL, CREMATION, REMOVA SPECIFY) Burial	April 15,83	- I have been a compared to the	cemetery of CREMATORY of Faith Cen	23d LOCATION CITTORTOWN	Baltimore	Co., M		
DHMH - 16 60M 7/	73	24. F	UNERAL DIRECTOR	The 1001 F	oress		te rec'd. by registrar PR 1.3.1983	25b. REGISTRAR'S SIGN	Cahrel		

Teltiste Co., Mb. -

lilly & seller Too. USL Tartern Ave./1231 | Addition

Mitchell-Wiedefeld Home, Inc. Balto. Md. 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

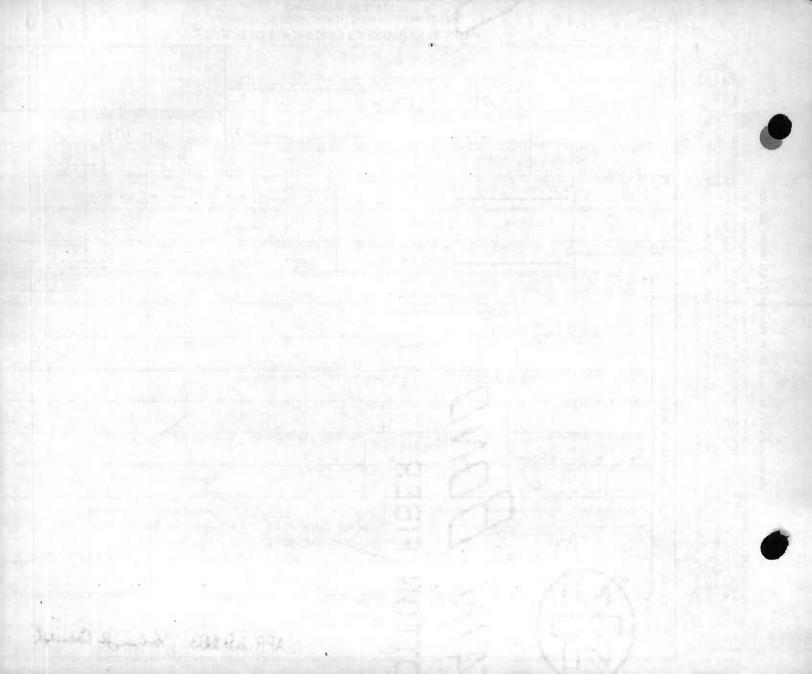
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(VRA 15, 4)

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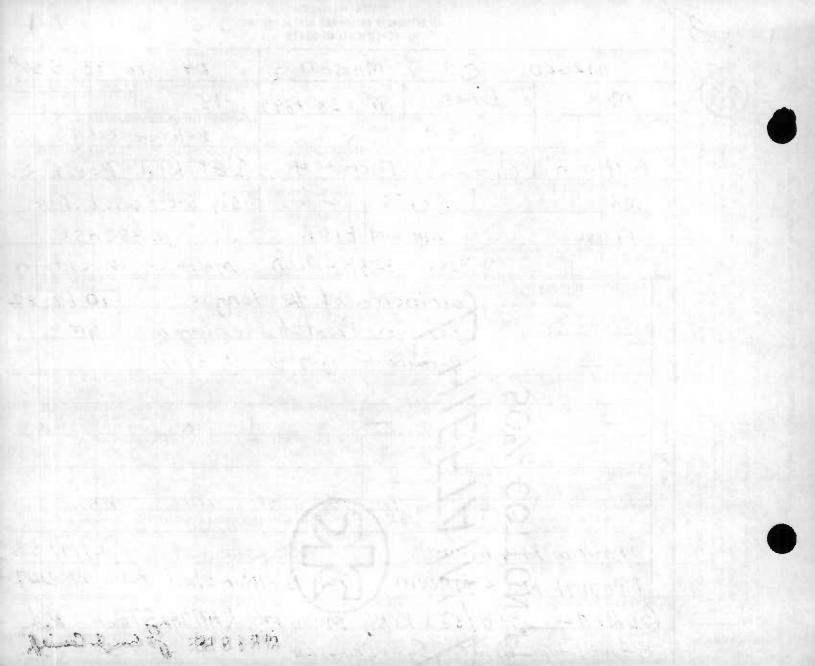
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STATE OF MARYLAND



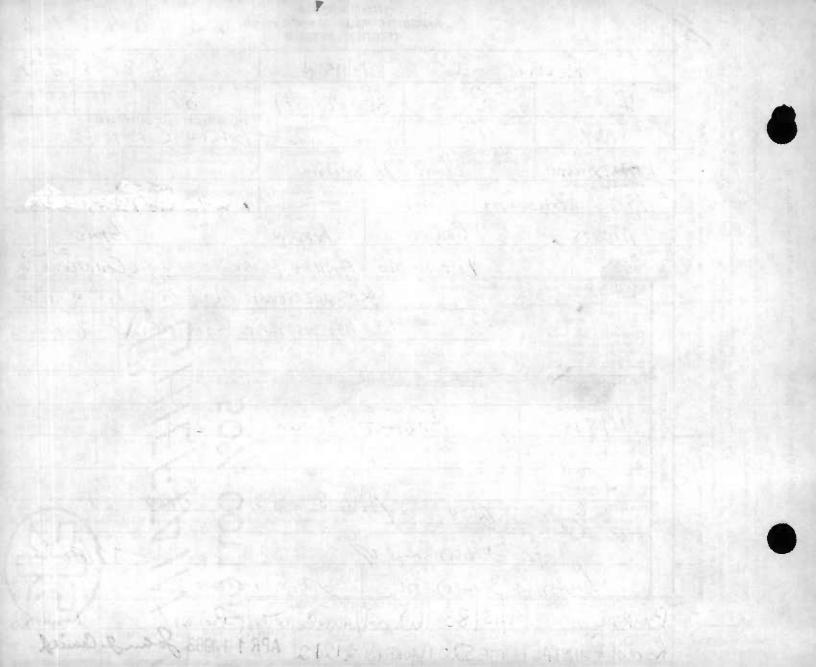
1 3	1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE & S	0.9	///
2 25		CEASED NAME FIRST OR PRINT) HARGLD	MIDDLE	MASON SD	20. DATE OF DEATH	MONTH DAY YEAR 16 93	3 5-56 P
- TOWN	3. SE	Make	1 RACE Black	5. DATE OF BIRTH MONTH 28 188	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY	
death. Paguneral o		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		DR COUNTY OF DEATH	4 MD
oy the fundled within	10 CI	Beltinen	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI		OF BUSINESS OR
filled in bound be filled in bould be f		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	est wood	2/2/7
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be execut		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECUR 705-10	-3234 HAROLD	C. M 450 W		westwood
ST., BALT ertificate by physicia panpapers remaval. event, the		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and BY: E CAUSE (a)	ome of the	tonque	APPROBETWEE	NONSET AND DEATH
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TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (200 AUTOPSY? YES □ NOA	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO A
N OF VIII SICIAN: ng physi certificat urial-fran mental Hy them 18 s	CAL	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PART 2)
DING PHYSICIAN: The or offending physician After this certificate he as the burial-transit talth and Mental Hygier marked ar Item 18 shown marked ar Item 18 shown and the or Item 18 shown and Item 18 show	MEDI	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	RM. ETC.) 211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
Spital CTOR for us of He		sow the deceased plive an abave, (1) (we) (did) (did no	al) attended the deceased from 19 5	, 19 8 3, and that in (my) (our) apinion	death occurred on the de		
the the plant of t		Amatun. N	1. Macen		MEDICAL STA	FF 11	1/7/83
TO HOSPITAL retained by the TO FUNERAL should be det with the State with the State MAPORTANT.		AMATUN M	JOOR NATEM	1 50 Do	1 phin stree	& Balto, 1	no 21217
BP	1	SURIAL CREMATION, REMOVAL	23b. DAJE /83 23c N	AME OF CEMETERY OR CREMATORY	Z3d. LOGATION	ASTOWN	Mad
DHMH - 16 50M 4/B2 (VRA 15, 4)	Z4 F1	BAILLY FUNI	- Home 134	EN. CALHUUMS A	R 1 8 1983	TO CHARS SIGN	Cohief

STATE OF MARYLAND



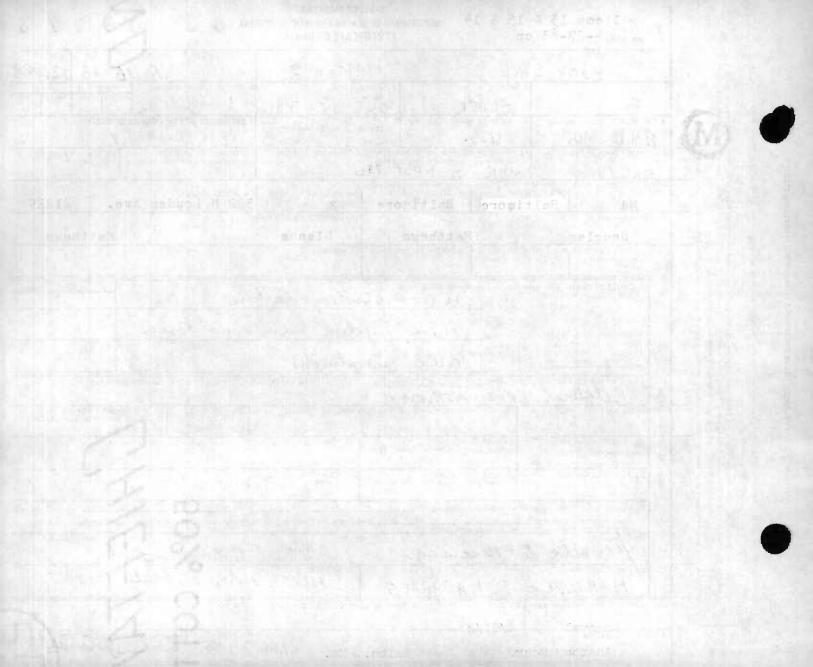
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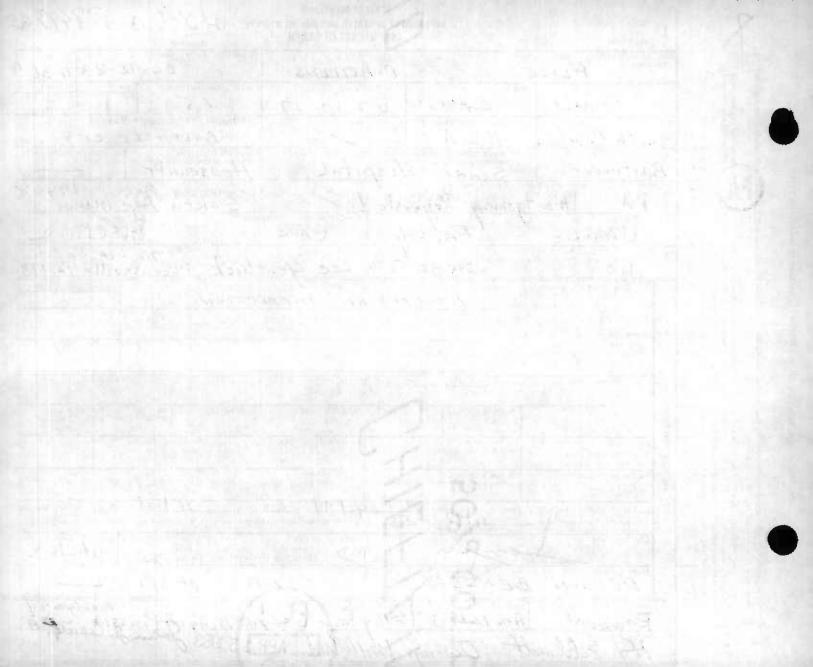


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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or offending physician.

				STAT	E OF MARYLAND					
	1.	FOR Items 13 & STATE REGISTRAR 4-27-83	15 & 14 DEI		EALTH AND MENTA		8 3	0	9 9	7 3
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e o o	14- 1	Douglas VAS DECEASED EVER IN U.S. AR	Matth	L SECURITY NO.	Glenda 17. INFORMANT	a	ADDR		Mattn	ews
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gned an ple burio ry, or	- 0	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO TH	E TERMINAL I	DISEASE OR CON	DITION GIVEN	IN PART 10	
The to	IFICATION	Belateral	meremoth	nex						
beer mit.	AT	196. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?	206. IF YES, W	ERE FINDIN	GS USED
2 . e e e s	E					YE	S NO	IN CERTIFYIN		OF DEATH?
HYSKIAN: The adding physicion ins certificate he buriol-transit p I Mental Hygien or Item 18 show	CERTI	218. ACCIDENT WAS UNDERLYING			21c HOW INJURY C			- bu		
SKIAN ng phy certific riol-tra entol b		OR CONTRIBUTING CAUSE OF DE			1000 - 500					
HYSK Iding Is ce Burit Men or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION					
NG Pt often the os the th and orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITY OR TO)WN	COUNTY	STATE
S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (this hosp			. 19_					hot (I) (we) lost
Spite CTO CTO I for of I		sow the deceosed olive on obove, (1) (we) (did) (did no	ot) view the body ofter death.	_19, or	d that in (my) (our) o	pinion death	occurred on the d	ote and hour on	d from the co	ouses stated
OR / e ho DIRE oched Dept		226. SIGNATURE	u .		DEGREE				22c. DATE S	IGNED
AL DAL Date Date Date Date Date Date Date Date		pannela,	h. pararac	9	ATTEND PHYSIC	DING ME	DICAL STA	FF		
SPITA SPITA		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	7	220 ADDRESS				* D	1170
TO HOSPITAL OF retoined by the I TO FUNERAL DIF should be detoch with the Stote De IMPORTANT: If it		MARINELA	+ T. MACAI	RAEG	HER	cy He	SP. ST.	PAUL)	1, 121	10/0.
D 0 F 2 2 ₹ 1	23a. 1	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMA	TORY 23	d. LOCATION	00	DUNTY	STATE
BP		Removal	4/21/83							3.416
DHMH - 16 50M 4/82	24. FI	JNERAL DIRECTOR		DRESS			D. BY REGISTRAR	2507 REGISTRAR		
(VRA 15, 4)		Anatomy Bo	pard	Balto.	, Md.	APR 2	5 1983	John	g. Cou	my.



STATE OF MARYLAND Wyit 0097741765 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME MONTH VEAR 25 HOUR (TYPE OR PRINT) 04-12-83 ALICE MATTHENS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 7a. BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY tousewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO COUNT 13a. STATE 18d. INSIDE CITY LIMITS? 13e STREET ADDRESS Mon Taamen YES T Koyovston NOF 50 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INFARCTION MYOCARDIAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 20 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a. | certify that (1) (this hospital) ottended the deceased fram_ saw the deceosed alive all above, (1) (we) (did) (directly iew the bady after death and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated DEGREE 226, SIGNATURE 22t. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the Stote PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS BENJERS HOSPITA NELSON 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Tovae 24 FUNER DHMH - 16 50M 4/82 (VRA 15, 4)



	FOR 1 - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 3	9 9 7 5
	REGISTRAR 1. DECEASED NAME FIRST TYPE OR PRINT)	WIDDIE	nathews	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	CLAR	A Irene	WELL STREET	41	1832:45AM
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Black	5 18 23	59 YRS.	
Z	7d. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
3	Maryland	U.S.A.	WIDOWED DIVORCED	□ Baltimore	City, MD.
J	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
	Baltimore	Union Memoria	al Hospital		
0	USUAL RESIDENCE HE NURSING HOME OF			? 13e. STREET ADDRESS	
1	Maryland	Baltin			Street 21218
0	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
2	James C	larence Barnet			Jackson
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	
	NO	N/A	Elmer Ma	tthews 511 E.	27th Street
	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), occ (b BY: TE CAUSE (o) DUE TO, OR AS CONSEQUE (b) DUE TO, OR AS A CONSEQUE	io- Pal a robble M.	nest I.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT	STEC	DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
)	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? (YES \(\) NO \(\)
1	00.00.00.00.00.00	HOUR A.M. MONTH DA	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART LOR PART ?
	OR CONTRIBUTING CAUSE OF BE. JIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	e deceased alive on	ital) attended the deceosed from New the body ofter death. Navam N	, and that in (my) (aur) apin		pur and from the causes stated 22c. DATE NGNED 4/17/83

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows

Wm C'AMMarch F/H Inc. 1101 DESS North Avenue

23d. LOCATION
CITY OF YOWN
Crownsv Veteran Cem.

24 FUNERAL DIRECTOR

23b. DATE 4/22/83

230 BURIAL, CREMATION, REMOVAL

BY REGISTRAR 8 1983

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Md.

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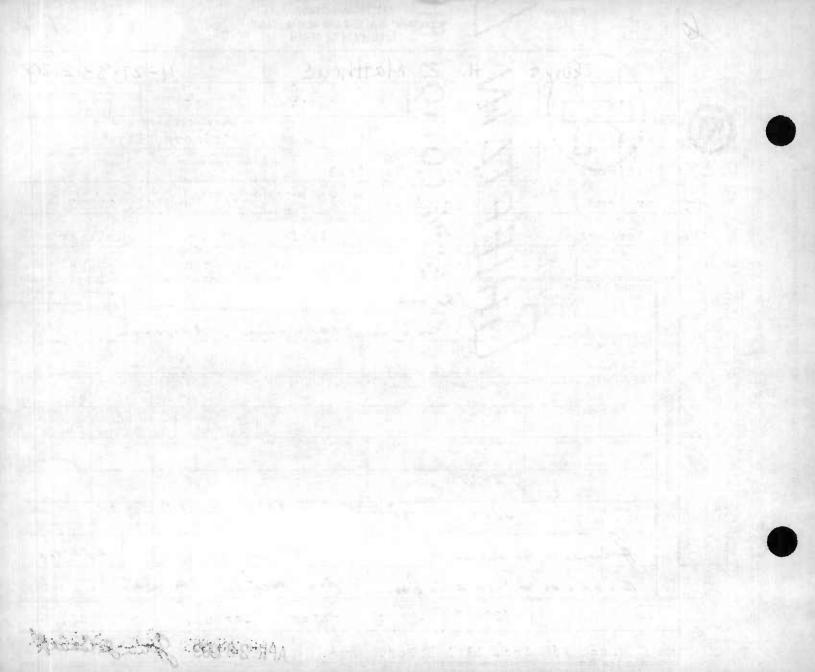
Cammarch F/H Inc. 1101 E North Ave.

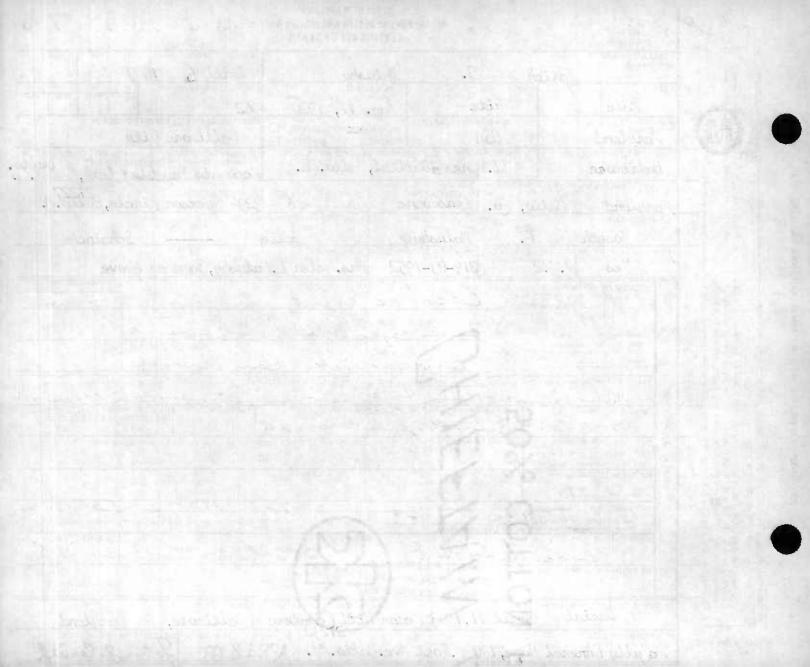
- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





1				STA	TE OF MARYLAND		atte are a second	2 13
10	1.	FOR STATE			HEALTH AND MENTAL HY	GIENE 8 3	099/	4
			Matusky	CENT		REG. NO.		
m.e		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH MONT		HOUR
er deoth		JOHN	A	MAT	rusky	4	7 83 4	425 M
	3. SE	(4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		NDER 24 HRS
	-	Male	What	te Mor	T 19 10	72	YRS HOU	JRS MIN.
5 =		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY OR CO		
8	0	OUNTRY)	110		NEVER MARRIED		051	
5	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	Baltimore	126. KIND OF BU	MD.
9			(IF NOT IN SUCH FACILITY	GIVE STREET AGORESS)		(TYPE OF WORK FOR MOST OF WOR	KING LIFE INDUSTRY	
2	W1511	Baltimore	ercy Hosp	oltal		Grocer	Retail	Store
676	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE No. COUN	TY 13c. CIT	Y OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
2		MD. A.	A. Pas	adena	YES NO X	8507 Ft. Sma	.llwood Rd. (21122)
Phi	14. FA	THER'S NAME	WIOOFE	LAST	15. MOTHER'S MAIDEN N	AME	LAST	
14	Jo	hn		tusky	unknown	MIDOLE	LASI	
8		VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO		ADDRESS		
2	. (NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	3-30-4671	Andrew Matu	sky (same as 1	30)	
					Andrew micou	DIO (Dame as I	APPROXIMATE I	INTERVAL
t,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line to D BY:	a), (b), and (c).)			BETWEEN ONSET	AND DEATH
event,		IMMEDIAT		redice	arrhythm,	a.		
otion, or troumatic		2500	DUE TO, OR AS A C	ONSEQUENCE OF				
non.		Canditions, if any, which	((b)	A-SevI	>			
	10	gove rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONE CONTRACT OF				
othe		underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF	to- Mal	1.4.0		
ō		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBI	TING TO DEATH B	IT NICT BELATED TO THE TER	MINIAL DISEASE OR CONDITIO	AN CHARLES DADY 1	
injury, or other	Z	PART 2. OTTER SIGNAFICATAL	CONDITIONS CONTRIBC	TINO TO DEATH B	DI NOI RELATED TO THE TER	MINAL DISEASE OR CONDING	IN GIVEN IN PART TIO	
ony in	CERTIFICATION	19a, DATE OF OPERATION	118h CONDITION FO	D WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY 20b	IF YES, WERE FINDINGS U	ISED
	FIC	THE DATE OF CITED THE	170. CONDING.	on miner or Emil		IN	CERTIFYING CAUSES OF D	DEATH?
18 shows	E					YES NOW		0 🗆
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1100.00 4 44 140		R I I HOW INJURY OCCU	RRED (ENTER NATUR OF FUURY IN IT	EM 18 PART I OR PART 2)	
Hem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	un i	19			N. III	
5	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJU		211. LOCATION	CITY OR TOWN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	31661	CITORIOWI		
		220.1 certify that (1) (this haspi	tal) attended the decea	sed from		to	, 19, that i	(l) (we) last
		saw the deceased alive an	1.17.	63.3		n death accurred an the date a		
m 21 is morked		abave, (1) (we) (did) (did na	t) view the body after de	ath.		occa o dii ine dale di		
H H		27s. SIGNATURE	///		DEGREE	MEDICAL STAFF	220 DATE SIGN	IED
T. F		Buch IV	(anotol)	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2 4/7/8	-3
TANT: H		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	100	220. ADDRESS MAPA	cy Hospital	. Fix.	
with the State Dept. IMPORTANT: If them		all n	10001	-11	3.1 54	0 / 0/	1 1 M	/
M M	22	DIEMEN DO	Campb		26/ 27.	Jan 100 Miles	Partle Mi	_
	730.	BURIAL, CREMATION, REMOVAL	23b DATE		CEMETERY OR CREMATORY		COUNTY	Mã.
-		Burial	4/9/83		Cross Cemetery			MQ.
4/B2	24 FI	INERAL DIRECTOR BALT	., Md. 212	ADORESS	25e. D.A	TE REC'D. BY REGISTRAR 256. F	REGISTRAR'S SIGNATURE	Lies a
, 4)	Ge	orge J. Gonce	F.H. 4001 R	itchie Hg	wy.	WLU 1 1 1302	John G. Co.	my.
		V			_ M			

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

21-0

4. RACE

WHITE

US

MA:

LEVI

76. CITIZEN OF W

11. NAME OF H (IF NOT IN SUCH

DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	3 REG. NO	0	9	9	8	0		
DDIE		nat Z	20. DATE OF		-\ \	DAY	YEAR 83	26. HO	UR O A M		
	5. DATE C	B. 17, 1888	6. AGE INY	95	YRS.	MONT	NDER 1 YEAR	IF UNDE	R 24 HRS		
HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMO	RECITY <u>OR</u> LTIMO							
OSPITAL, NURSIN FACILITY, GIVE STREET A NDALE HEI	DDRESS)	HOME	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE; INDUSTRY TAILOR 12b. KIND OF BUSINESS OR INDUSTRY CLOTHES								
BALTIMO	N	13d. INSIDE CITY LIMITS?	13e. STREET 2500	ADDRESS W.BEL	APT VEDE			21	215		
LAMEDOFF		15. MOTHER'S MAIDEN NAI		MIDDLE NKNOWN			LAS	ī			
216-09-3		17. INFORMANT MI 11 SLADE A	RS. MAY				APT.	912 2120			
CHRDIN		RRIST					BETWEEN		PRVAL ID DEATH		
AS A CONSEQUE	NCE OF	YTE FMBA	LANCO	=							
AS A CONSEQUE		MEHUNDHTIN	4)								

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF ELECTRO L	YTE FMBAL	MUCE		
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (c) SRUERE	DEHYDRATION	د		
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES \	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
220.1 certify that (1) this haspital sow the deceased alive on above, (1) (did) (did nat) vi	4/10/23 1983	nd that in (my) (our) opinion de		te and hour and from the caus	
22b. SIGNATURE		DEGREE .		22c. DATE SIGN	NED

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE APR.11,1983 BETH EL MEM. PARK SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

BALTO., MD

23d. LOCATION RANDALLSTOWN

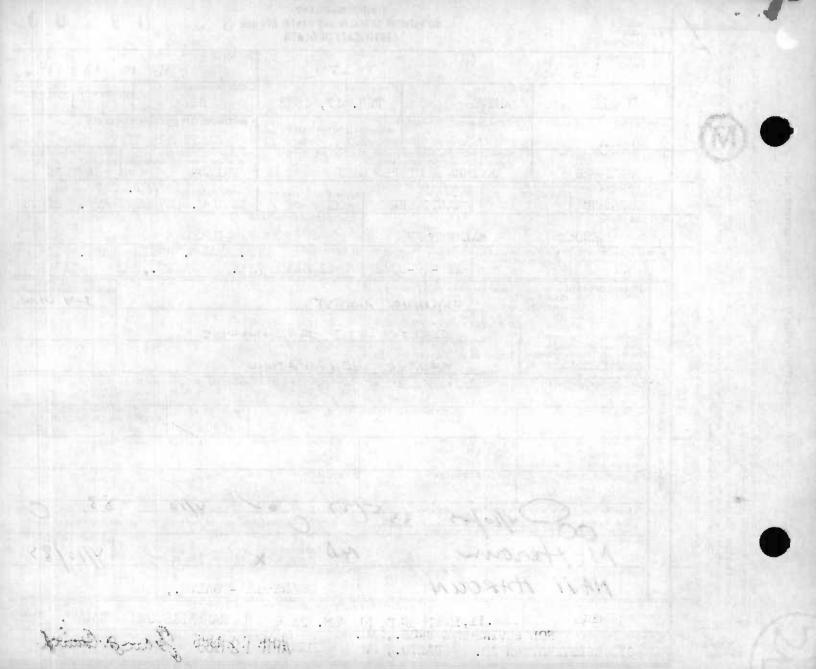
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

LEVINDALE - BALTO., MD

STATEMD COUBALTO.

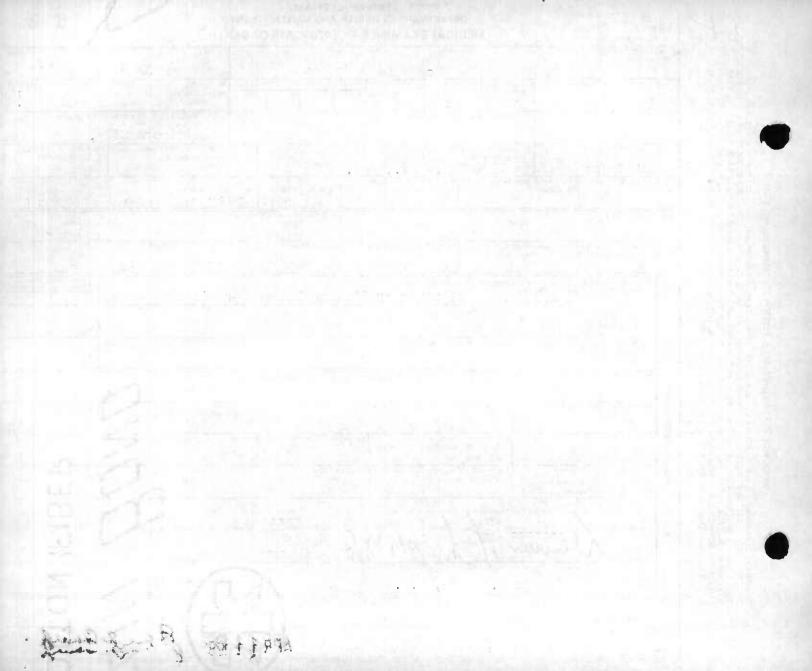
DHMH - 16 50M 4/82 (VRA 15, 4)

BP



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					STAT	E OF N	ARYLAN	4D							en.
1.	FOR STATE			DEPART	MENT OF H	IEALTH	AND M	ENTAL H	YGIENE	- 4		0 9	9	8	2
	REGISTRAR		MEI	DICAL	EXAMINI	ER'S C	ERTIFIC	CATEO	F DEX	TH	REG.	NO.			-
. DE	CEASED NAME FIRST			WIDDLE			LAST		2	DATE 1	KNOWN	MONTH	H DAY	YEAR	26 HO
(TYP	FOR PRINT)	enh		Ma	Ahhaa	, Ma	cAbee	,		OF DEATH	ESTI- MATED	XX 4	2	19 83	
SEX			OF BIRTH	MC	Abbee		IDER 1 YR.	IF UNDER	24 HRS. 2			MONTH	DAY		24 HO
		MONTI	H DAY	YEAR	LAST BIRTHDA	MONTH		HOURS		RONOUN	CED	1	_		2d HOL
	1e Black		8 IZEN OF WH	14	69 YR	S.				DEAD	OBE CITY	4	6	19 83	a.
FO.	REIGN COUNTRY)	70. СП	ZEIN OF WI	IAI COUR	VIKT?	MARRI	ED NE	VER MARRI	ED 🖵 '			OR COU		DEATH	
0.61	MD			SA		WIDOW		DIVORC				re Ci			٨
	TY OR TOWN OF DEATH		OT IN SUCH FAC	ILITY, GIVE S	RSING HOME,	OR OTH	ER INSTITU	TION		AL OCCUP OST OF WORK		TYPE OF WORK		CIND OF BU OR INDUST	
	Baltimore		1701 1	Eutaw		Apt.	909								
JSUA 3a. S	L RESIDENCE (IF IN NURSING HO FATE 13b CO		ASTITUTION, GIV		OR TOWN	N}	13d. INSIDE C	TY LIMITS?	13e. STREE	TADDRE	Sc				
	MD				ltimor	re	0.00	NO 🗌				Pla	000	212	17
4. FA	THER'S NAME							R'S MAIDE	N NAME			110	LE		
	Joseph	MIDDLE	7	McAb	hoo			aisy		MI	DDLE		Maz	Abbee	-
60. V	AS DECEASED EVER IN U.S.		RCES?		CIAL SECURITY	NO.	17. INFORA	MANT			ADDRES	SS	MCF	rppee	
	es, no, or unknown) (IF YES, C	GIVE WAR OR DA	ATES)		N/A		Toh	n Bla	280	2706	Con				
_		and annual	1:	(() ()			DON	II DI	ake .	2/06	Gar	LISC		APPROXIMATI	INITERVAL
	 CAUSE OF DEATH (Enter PART I DEATH WAS CAU 	ISED 8Y:			oscler	atic	Cardi	04200	aut ar	Dicc	200		BET	TWEEN ONSE	T AND DEA
	LL S G IMMED	DIATE CAUS	L (0)				Caru	Ovase	Julai	DISE	ase		-		
	Conditions, if ony, wh		DUE TO, OR	AS A CON	NSEQUENCE O	F									
	gove rise to immedi	ote	(b)												
	couse (a) stating the una lying couse last.	ler.	UE TO, OR .	AS A CON	ISEQUENCE O	F									
			(c)							3100					
	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH B	UT NOT RELA	TEO TO THE TERMIN	NAL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (a).						
ATION															
Q	196. DATE OF OPERATION	1	96 CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?		2011		75	20.	AUTOPSY	2
TIF														YES 🗌	NOX
CERTIFIC	210 EXTERNAL CAUSE WAS		16. TIME OF		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D LENTER NA	TURE OF INJU	JRY IN ITEM I	8 PART 1 OR F	PART 2)		/ \/
Y	UNDERLYING OR CONTRIBUTING CAUSE		P.M.	MONTH	19										
MEDICAL	21d INJURY OCCURRED		le PLACE C		(AT HOME,		CATION								
₹	WHILE NOT WHILE		STREET, FACTO	DRY, FARM, E	TC.)	S	TREET			CITY OR TOW	/N	C	OUNTY		STATE
	AT WORK								.[]			1			
	220 I certify that I took ch	orge of the	remoins desc	ribediabo	ve, held on	Autops	у Ц.	Inspection	XXI.	Inquiry	L (ond in my o	pinion		
	death resulted from: / No	aturol cause:	· Nh	Accident	L. Suic	ide	, Homic	ide .	Undeter	mined mo	nner				
	1 40,	MIL	110	V.	(bh)	n.U		PECIFY)							
	SIGNATURE /	viii	MIV	Mu	11010	Ush	D. Ass	stant	MEDIC	AL EXAM	INER	DATE		4-6-	83
2	ry i i i i i i i i i i i i i i i i i i i		V	0											
	EXAMINER'S NAME DE	ennis	F. Sm	yth,	M.D.		ADDRESS_	- 11	1 Per	nn St	reet	3			
30. B	JRIAL, CREMATION, REMOVA	L 236 DATE		23c. 1	VAME OF CEM	ETERY O	RCREMATO	ORY	23d LOC	ATION		50	UNTY		ATE
(5	Burial	4/1	1/83	М	d. Vet	era	n Cer	m	Cr	cown	svil	10		1	ÎD
24. FU	INERAL DIRECTOR	/ 1			Va YE			250. DATE P	REC'D BY R	EGISTRA	2 DAE	GISTRAR'S	FIG M	TURE	1
TAT	m. C. March	F/H	ADDRESS	1 F	Nort	h A 17		APK	111	300	6	mo		The same of	
4	m. C. Piar CII	1/11	T T O	<u> </u>	TAOT C	I LY	U .	44							7 .



WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

FOR

[TYPE OR PRINT)

STATE

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GREEN MOUNT CREMATORY

REG. NO

2b HOUR

126. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

LAMOTT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

hour and from the causes stated

22c. DATE SIGNED

4/22/1983

MARYLAND

STATE

HOME TAKER

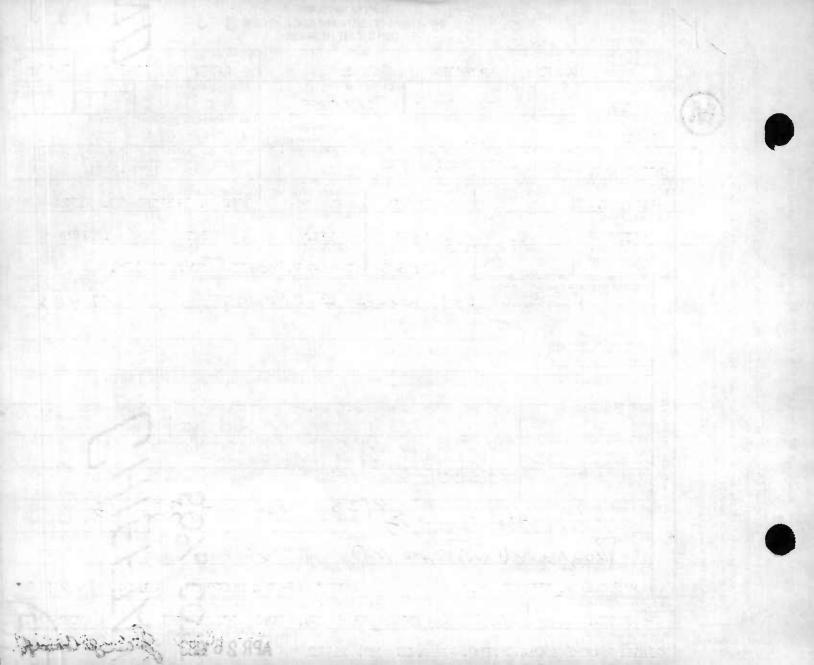
5:00am

20. DATE OF DEATH MONTH

BALTIMORE,

APR 26 1983

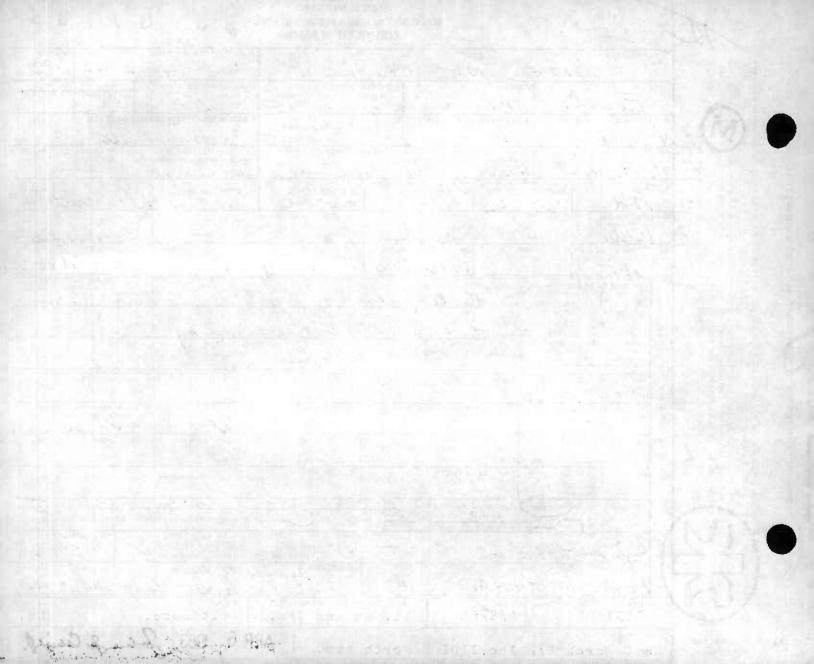
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

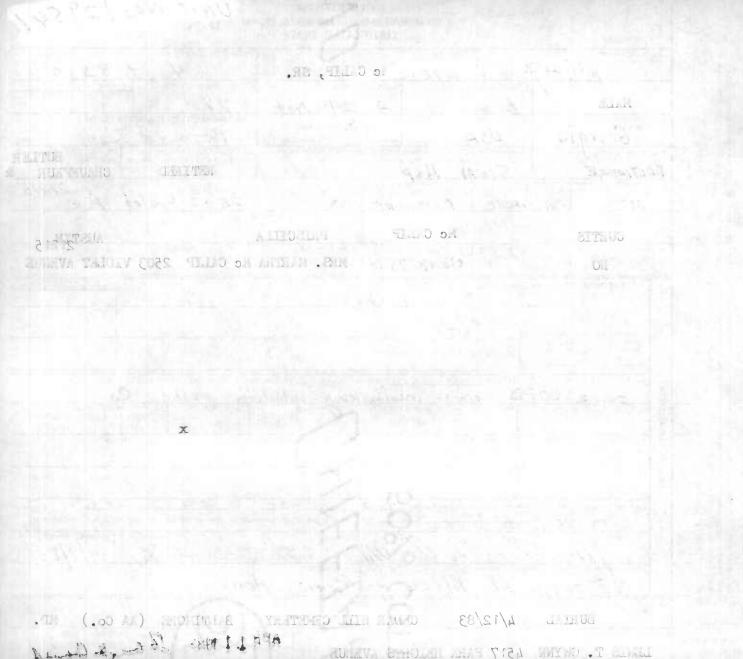


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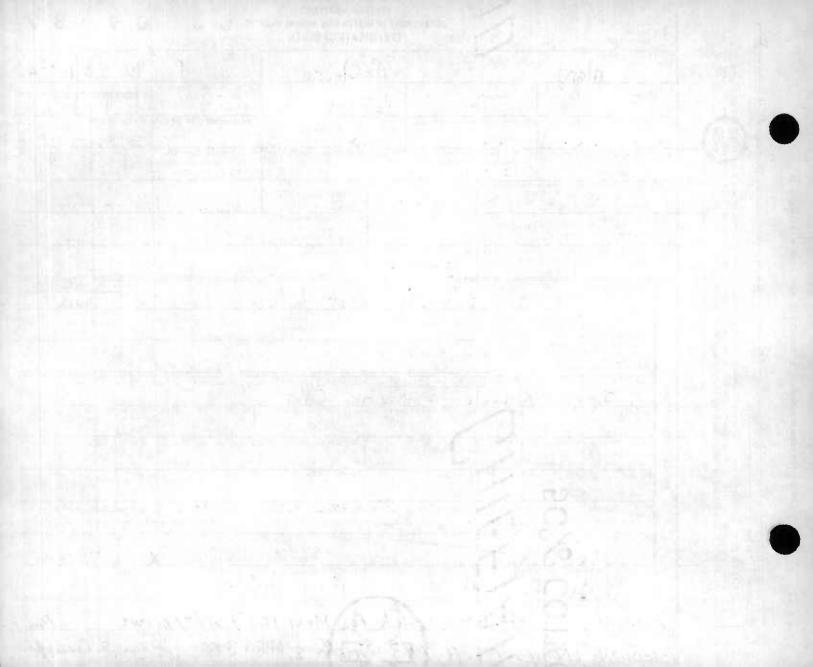
(VRA 15, 4)

STATE OF MARYLAND

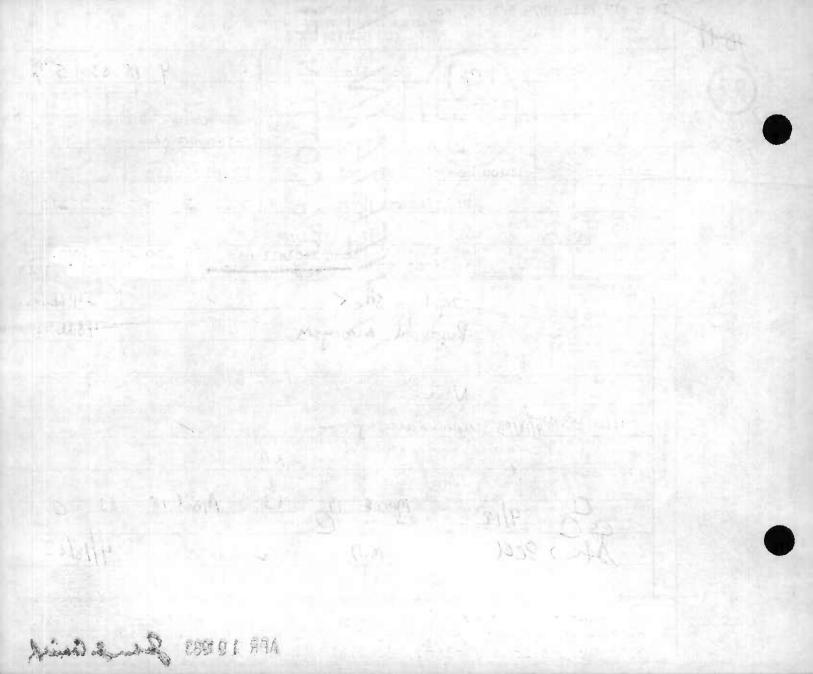




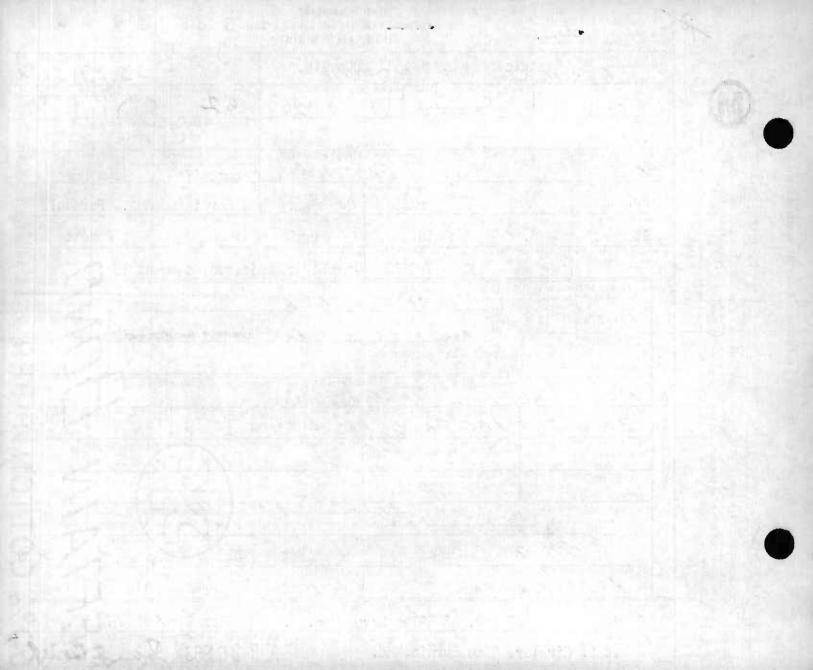
(VRA 15, 4)



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je	1	1 -	FOR STATE ** .	DEP ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 S	0 9 9 8 9			
tto tto			RASED NAME Beat	trice SL. MC	McCombie		ONTH DAY YEAR 26 HOUR 25 8.3 207			
1	3.	SEX	+	4 RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 H			
y,	2	RIP	Female HPLACE (STATE OR FOREIGN	Caucasian 9	2 20	62	YRS			
CZ	9	CC	iryland	USA WHAT COUNTRY!	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
4	3	13	ORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE WORK FOR MOST OF WORKING LIFE) HOUSEWIFE OWN HOME				
3	5	Maryland A		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Glen Burnie	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3 Ferdinand	d Ave., Ferndale			
12	0		tewart S	S. Schmidt	Jannie	ME	Abbôtt			
die	16		AS DECEASED EVER IN U.S., AR S NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATECT	17 INFORMANT	ADDRESS				
8	1	_		220-01-0422	Donald McCom	bie, son, same	e as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
o buriol, cremo	z					RMINAL DISEASE OR CONDITION GIVEN IN PART TIG				
rene prior t	NOTA CISTORIA	- Indian	Do DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		AS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FIND				
ental Hyg			DR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)			
th and Mo	A COLOR	_	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
f. of Heal m 21 is m			22a.1 certify that (1) (this hospital) attended the deceased from 1933, ta 4725, 1983, that (I) (we) 1 saw the deceased alive on 4725, 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
NT: If the			76. SIGNATURE	Me Couly	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D					
with the Store		2	2d PHYSICIAN'S NAME (TYPE OF	ARTHY	220 ADDRESS 200 /	5. Han	over 57			
> <	23	a. BU	RIAL, CREMATION, REMOVAL Burial	The state of the s	ven Mem.Pk.	Glen Burr	nie, AA., Md.			
M 1/81	24	FUN	IERAL DIRECTOR	ev Glen Rurnie Md			REGISTRAR'S SIGNATURE			



Wm. C. March F/H 1101 E. North Ave.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

APR 26

2b. HOUR

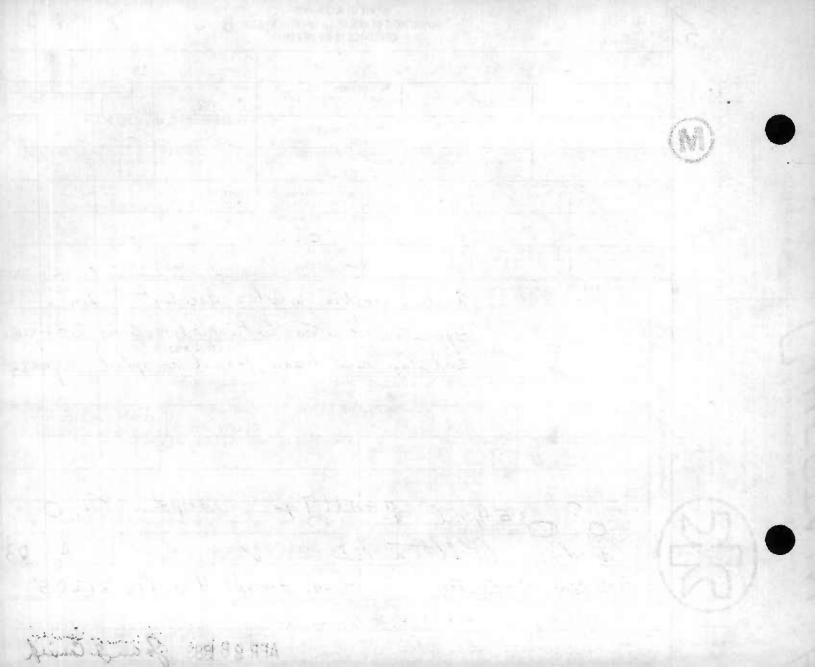
IF LINDER 24 HRS

NO I

STATE

STATE

MD



THE REPORT OF SECTION 77. 1 9.3 1 12.0 THE RESERVENCE OF THE PROPERTY Location and the second Corte S. Beserat, Esta, Ald 19 the second of the second of the second of Manufacture (Child Child dent fit ARTHUR DISPORT Ford York Ford Makes State APR 1883 Fred Court Court

83 8	1.	FOR STATE REGISTRAR	9 9 9 2					
e cot		CEASED NAME MARYEST	L	ÖÜİSE L	MCI	ÖNALD DONALD	REG. NO.	DAY YEAR 26 HOUR 735.PM
m 9.6	3. SE	x Fe male	4. RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
a a	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	10 0	D NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY	OF DEATH
100000		Maryland	U.S.A		WIDOWE	DI DIVORCED	Baltimore, C:	itv MD
5 11 10 1	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
50 20 30	Baltimore			Hospital			Secretary	B.G.& E.
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours, systian and campletely filled in appers. Pages, I and 2 should be livel. vol. r, the medical execution must be lart,	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	OTHER INSTITUTION NTY	130. CITY OR TO Baltin	WN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 3100 St. Paul S	St. XXXX 21218
RYLA within	14. FA	THER'S NAME FIRST	MIDDLE	124.1		15 MOTHER'S MAIDEN NA	ME	
MAR ted w smple and exe			mes	McDon	ald	Mary	E	Hammond
IMORE, M.	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SE		17 INFORMANT	ADDRESS	
TIMO S. Poo	1	Vo		212-05-	6184	Miss.C.H.McD	onald 3100 St. Pa	
201 W. PRESTON ST., BL es that the death certificat red by the attending physi please remove carbon pap urial, cremation, ar remova		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: IE CAUSE (a) DUE TO, O (b)	UTMO	uence of rent		fich Esepsis	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
S, 20 Dires igne en pli buri, o	7	PART 2. OTHER SIGNIFICANT					AINAL DISEASE OR CONDITION GIVE	
ORDi requ ren si r. The ior to	TO	HTLIERO.					EREBRALUASC	
Al RECC	CERTIFICATION	190 DATE OF OPERATION	. 196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ON OF VITA YSICIAN: T ding physici s certificate outial-transi Mental Hygi rr frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB PA	ART I OR PART 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require r attending physician. Wher this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b, and Mental Hygiene prior to b, and wetted or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TOWN	COUNTY
TENDIN real or OR: Af or use of ar use of thealth		220. I certify that (1) (this hospi sow the deceased alive on above (1) (we (did) (did na	CONTRACTOR OF THE PARTY OF THE			d that is (my) (our) apinion	death occurred an the date and haur	19_83, that (I) (we) last
RECT RECT RECT red for rem 2		obove (1)(we (did) (did na 22b. SIGNATURE	t) view the body	after death		DEGREE	The data and the data and the data	22c DATE SIGNED
PITAL OR By the h ERAL DIR State Dep		Richard	- moter	leum	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/18/83
TO HOSPITAL retained by the TO FunkRal should be deto with the State		1210 PHYSICIAN'S NAME ITYPE O		icom	MD	220 ADDRESS Werey	Hospital	
T s T s		URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	234. LOCATION	COUNTY STATE
BP	I	Burial	4-21-8	83	New C	atheddal	Baltimore	Md .
DHMH - 16 50M 4/B2	24 FL	INERAL DIRECTOR		ADDRESS	A TO	25a. DA1	E REC'D. BY REGISTRAR 255 REGIST	
(VRA 15, 4)	N	Mitchell-Wiedef	eld Home		ork Ro	1 21 21 2 AF	R 2 5 1983 Jaan	2. Carried

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME B. DATE KNOWNXIX MONTH (TYPE OR PRINT) ESTI-WAYNE DEATH MATED 4-8-83 4 RACE S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR 35 yes PRONOUNCED Male White 4-8-83 9:39R 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. Baltimore City WIDOWED | DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Laboror Baltimore S.T.U. University Hospital Constr. | 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | 6= Kuethe Road (21061) COUNTY 13c. CITY OR TOWN Glen Burnie Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John McGreevy Sr. Theta Clark 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) 216-48-8256 John W. McGreevy Sr. Vero BeachFla, Vietnam 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES NO I 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXX 18:05PM CONTRIBUTING CAUSE OF DEATH Pedestrian struck by auto 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC. Ritchie Hgwy., N/J. Ave Glen Burnie. Maryland WHILE AT WORK hawy. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide ... Undetermined manner Natural causes TITLE (SPECIEY) DATE 4-9-83 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 30 BURIAL, CREMATION, REMOVAL 236 DATE 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 4/13/1983 Crownsville Vets. Burial Crownsvible, 24 FUNERAL DIRECTOR **DHMH - 17** Glen Burnie, Md. Raymond C. Fink (VR A15 ME (5))

20M 4/B2

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X	ET COTA			
	Salar Land	M . O. PROE	1259 1	

ofter, death 1000 4 may be

within 24 hours

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbangapers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbangapers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 8 shows any injury, or other traumatic event, the medical

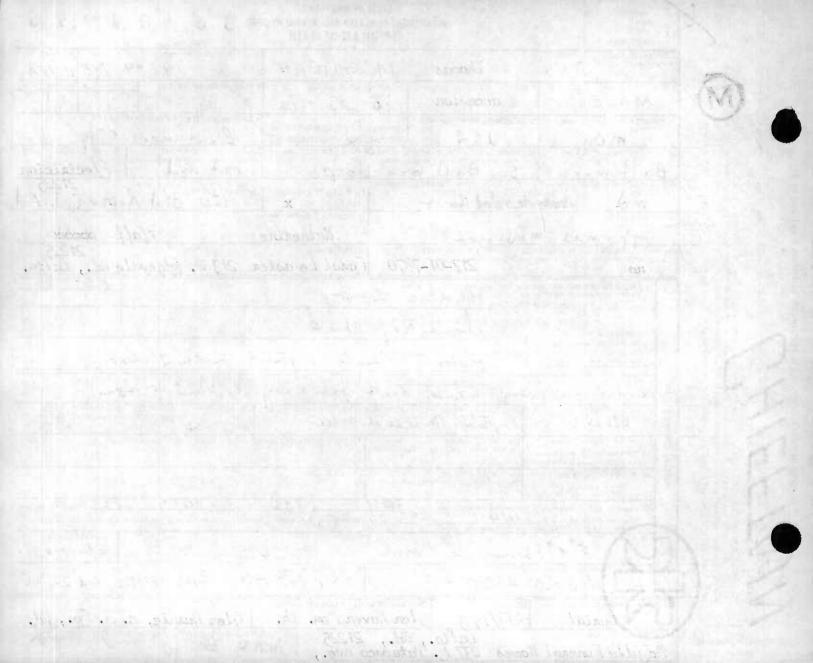
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG.	NO.		
	1. DEC	CEASED NAME	FIRST Laudi		M/	McGre	gor	W.	2a. DATE OF DEATH	MONTH 4	DAY YEAR 6 83	26. HOUR 833 PM
	3. SE)	x Female		4. RACE White		5. DATE O	F BIRTH 1 21,1908		6. AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER 1 YEAR	
5	M	RTHPLACE (STATE OR FI		76 CITIZEN OF	Α.	WIDOWE		ED	9. BALTIMORE CITY Baltin	or coun	itv	MD.
4	J	Baltimore		Union in suc	HEACILITY, GIVE STRI	HADDRESS)	ital	ON	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOME Ma.		LIFE) 12b. KIND INDUSTR	O OF BUSINESS OR
1	13a. S	AL RESIDENCE IF NURSI STATE Maryland	13b COUN		GIVE RESIDENCE BEF 13c. CITY OR TO Baltim	ORE ADMISSION) ONO OPE	13d. INSIDE CITY LIV YES 🕇 NO		13. SIREET ADDRES	s ch Rav	ven Blvd	d 21218
0	3. FA	ATHER'S NAME		WIDDLE	Evans		15. MOTHER'S MAII Lula	DEN NAM	MIDDLE	K	Rogers	LAST
	160. V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	212-3	CURITY NO. 0-7839	Mr Will	liam	J Heffner	2310		Lake Dr
	NC	18. CAUSE OF DEATH PART I. DEATH W. 4100 Conditions, if any, gave rise to imm cause to imm caus	which nediate g the last.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	ACULA RAS A CONSEC RAS A CONSEC	DUENCE OF	CORCLED S			O NOITIDNO	GIVEN IN PART	ltal
1	CERTIFICATION	198. DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUS YES [DINGS USED ES OF DEATH? NO
7	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER. NOTIFY MEDIC 21d. IN JURY OCCUR. WHILE CONTRIBUTION OF THE CONTRIBUTION OF TH	AUSE OF DEL	P. 21e. PLACE (AT HOME, STR.) 21e. PLACE (AT HOME, STR.) att view the body Authority of the body	M, MONTH M. DF INJURY EET. FACTORY, OFFICE e deceased from	19 EE, FARM, ETC.) 19 19 19 19 19 19 19 19 19 1	211 LOCATION STREET 2. , 19 Ind that in (my) (aur) DEGREE ATTEN PHYSI 220 ADDRESS	apinion d	MEDICAL S	e date and h	county 19 83 19 83 10 17 18 18 18 18 18 18 18 18 18 18 18 18 18	STATE ., that (I) (we) last the causes stated TE SIGNED 6. 83
	23a. E	BURIAL, CREMATION,	PB701		23	Br. NAME OF C	EMETERY OR CREM		18 OCATION		PITAL	
		Burial		4/9/8			nd Memori	a.1 Da	Balt	imore	Mary 1	
	24. FI	UNERAL DIRECTOR NAME Leonard J	Ruci	k Inc. B	ADDRES	5		APR	REC'D. BY REGISTR	AR 259 PEG	ISTRAR'S SIGN	ahulf

10		Thea17	



marked or Item 18 shows any injury, ar other traumatic event, th

MPORTANT: If Item 21 is

should be detached for use as the burial-transit permit. Then please remove dealth the State Dept. of Health and Mental Hygiene priar to burial, cremation, or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE 8 5	0 9	9 9 5		
1. DECEASED NAME FIRE	ST .	MIDDLE	t.	AST	2e. DATE OF DEATH	MONTH DAY YEA	P 2b. HOUR p		
	INFORD	C.	1	Mc Ie	04/20/83 8:				
3. SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BE				
Male	W	ite	Dece	mber 29,1918	64	YRS.	AYS HOURS MIN.		
To. BIRTHPLACE (STATE OF FOREIG	N 76. CITIZEN OF	WHAT COUNTRY	8.		9 BALTIMORE CITY	OR COUNTY OF DEATH	1		
W. Virginia	United	States	WIDOWE	D NEVER MARRIED DIVORCED D		RE CITY	MD.		
10 CITY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	TION 126 KIN	ID OF BUSINESS OR		
BALTIMORE		CH FACILITY, GIVE STREET OHNS HO		HOSPITAL	Retired	-	cery		
USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION	136. CITY OR TOV		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		10 h1		
Maryland		Baltimo		YES NO	130 S.	Durham St.	21231		
14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME MIDDLE	(10.01.2	LAST		
Tom	- MODE	McIe		Annie	₩IDDEE	Prines	LASI		
160. WAS DECEASED EVER IN U		16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	RESS			
	V.W.II	234-26-1	8339	Carl E. McI	e 130 S. Du	urham St. (21231)		
underlying cause la	te he ble st. (c)	OR AS A CONSEQU	1504130			NDITION GIVEN IN PAR	T Ita		
190 DAKE OF OPERATION 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		STAME		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU			
OR CONTRIBUTING ALICE	OF DEATH HOUR	OF INJURY A.M. MONTH E	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)		
(IF EITHER, NOTIFY MEDICAL EX 21d. INN JURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
22a.1 certify that (I) (this saw the demonstrated bove, (I) to add the same shows that the same saw that the same saw the demonstrated by the same saw that the same saw that the saw that			3/12	nd that in (my) (our) opinion	on death accurred on the c	dote and hour and from	, that (I) (we) last the couses stated		
22h SIGNATUR	· MS	es		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF -	NE 20/33		
22d. PHYSICIAN'S NAME	TYPE OR PRINT	2		77: ANDRESS	11	110			
JEFFR	=4 196	- Jens		JOHN	1900x:00				
230. BURIAL, CREMATION, REM		23c.		EMETERY OR CREMATOR	Y 23d LOCATION	COUNTY	STATE		

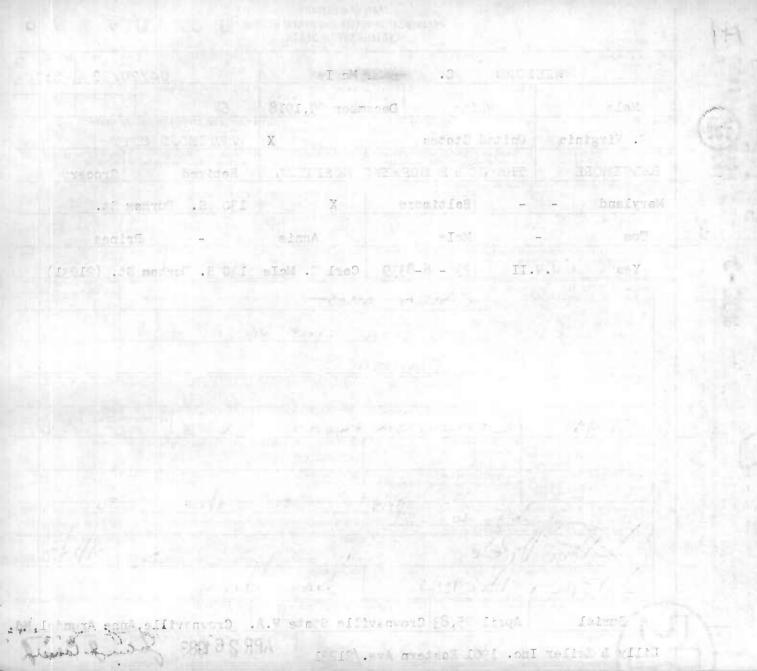
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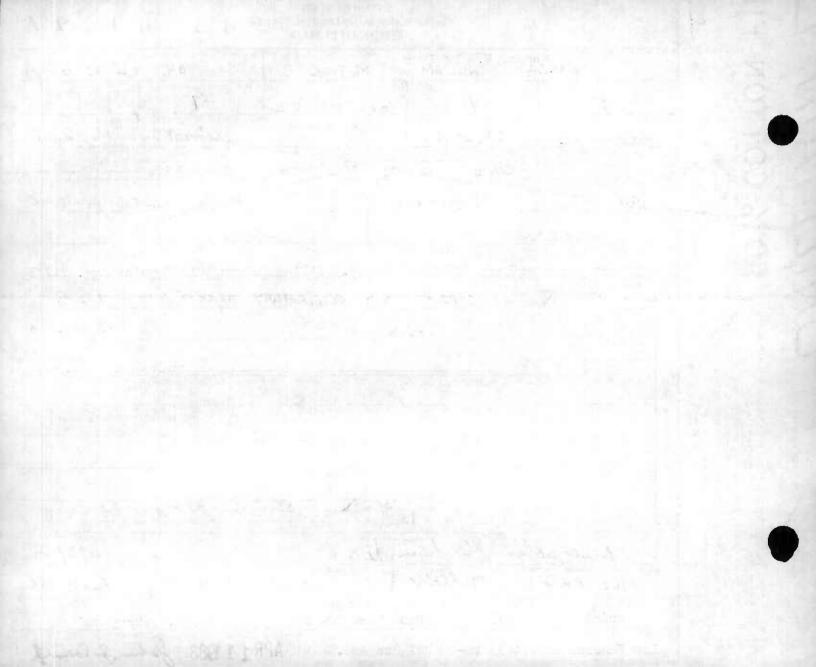
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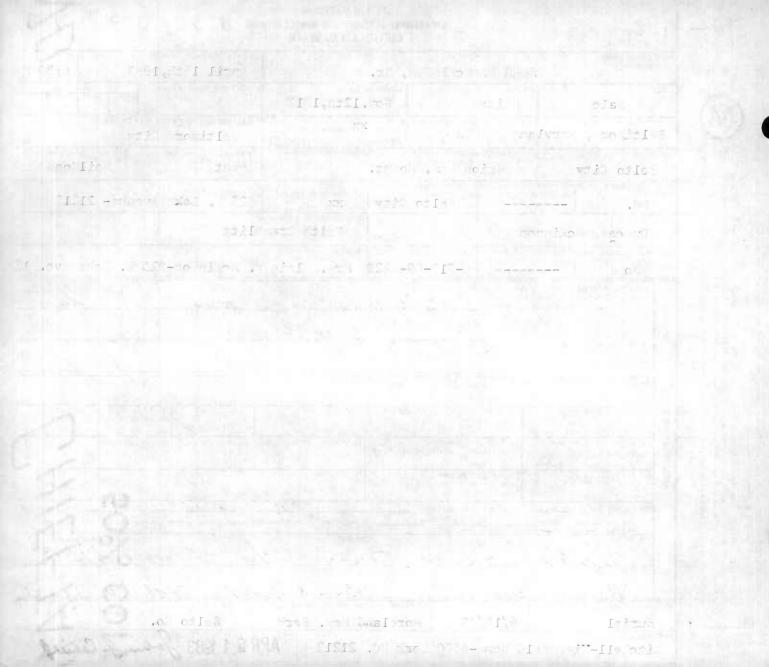
(VRA 15, 4)

Lilly & Zeiler Inc. 1901 Eastern Ave./21231

APR 2 6 1983







FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

9

00		REGISTRAR		CERTIFICATE OF DEA	REG. NO.					
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE	E OF DEATH MONTH	DAY YEAR	2b HOUR		
		HATTIE		McKnight		4	13 83	1055AN		
	3 SE	X Eo	4 RACE	5. DATE OF BIRTH DAY	6. AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
		re.	BIK.	12 20 19	711	YR	rs.	MIN.		
873	/a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARE	RIED 9 BALTI	MORE CITY OR COU				
200		hitestone, VA.	U.S.H.	WIDOWED NOR		DA LTO. C	パブフ	MD		
121	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET			IAL OCCUPATION WORK FOR MOST OF WORKIN	12b. KIND O INDUSTRY	F BUSINESS OR		
6	LIST	AL RESIDENCE (IE NURSING HOME OF	BALTO CITY	Hospital	110	use wife	Hom	12		
35	13a. S	Md. BA	TO TURNEY			ET ADDRESS	ut ST.	212 22		
mine	14 FA	ATHER'S NAME		15. MOTHER'S MA	IDEN NAME	1				
300	1	Johnny	Wood.	MA7	HIE	WIDDIE C	roodson			
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17. INFORMANT	,	ADDRESS		=====		
e me		No	T WANTEST	Ms. Jacq	yelvn M	CKNIGHT 3	3013 CAK	Sord		
st, th		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line for (a), (b), an					MATE INTERVAL		
ever			E CAUSE (a) CARDIO	RESPIRATORY A	12151					
notic		1231	DUE TO, OR AS A CONSEQU	ENCE OF		~	0	11		
roon		Canditians, if any, which gove rise to immediate	((b) META	STATIC COLO	N CANCE	<u> </u>	8,	norths		
her		cause (a), stoting the underlying cause last								
0 0	2		(c)							
jury,	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 110	>		
173	CERTIFICATION	19g. DATE OF OPERATION	19h CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
7	IFIC		The contamon on the	OF ENAMORY WAS FERE ORME		IN CER	RTIFYING CAUSES	NG CAUSES OF DEATH?		
8	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY	YES _	R NATURE OF INJURY IN ITEM	YES DEPART 21	NO 🗌		
24	CAL (OR CONTRIBUTING CAUSE OF DEA		AY YEAR			10 1 A. 1 OK 1 AK 1 2)			
or It	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION						
ked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) STREET		CITY OR TOWN	COUNTY	STATE		
m .			attended the deceased from_	4/5/	83 to	1/13	10 83,	tha (11) (we) last		
21 is		saw the deceased alive an above (1) (we) (did) (did not	4/13	83, and that i (m) (aur)	apinion death occu	irred on the date and h	hour and from the c	causes stated		
Hem		226. SIGNATURE	y wew rife body drier death.	DEGREE			22c. DATE S			
IT. If	7	Kiel a	Lithe MS		DING MEDICA	AL STAFF	4/1-	3/83		
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MPORTANT:		KICHARD	A Josephia	50	illimone	e City	Hospital			
4		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREM	ATORY 23d LO	CATION CITY OR TOWN	/	1		
-		Surial	4-18-83	SALTO NAT	· 3	ALTO	M ALMOS	d, STATE		
/B1	24 FL	UNERAL DIRECTOR	O - // ADDRESS C	Laurne SI	25a DATE REC'D. B	Y REGISTRAR 25b. 75	ISTRAR'S SIGNATI	IRE .		
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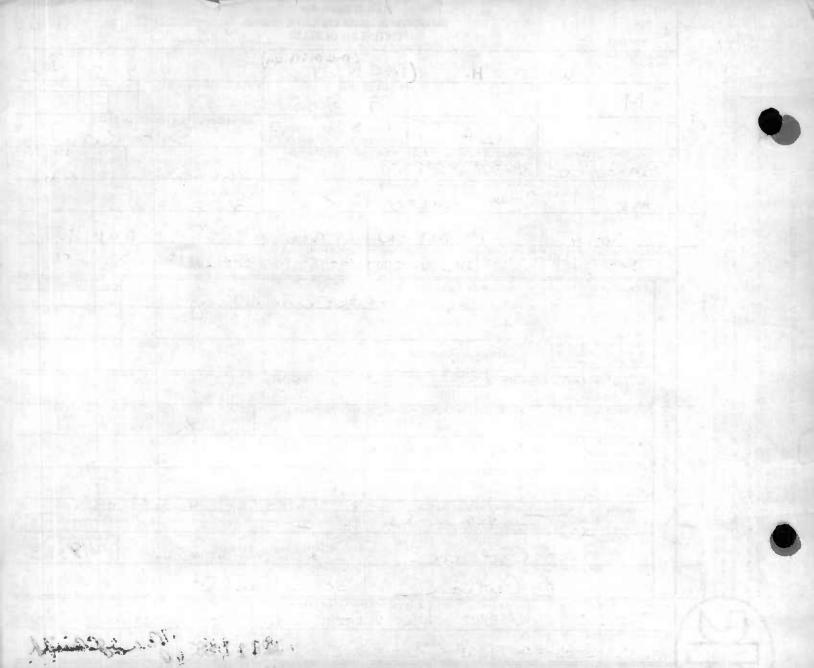
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mit. Then prior to be	I 190, DATE OF OPE	PATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
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E 52 C		death resulte	d fram: Natur	al causes X	Accident X,	Suicide	, Hamicide L	Undetermined	manner,			
		ACTUAL	An.	(h	VA -		D Assistant			DATE	4-3-8	3
R. A.		SIGNATURE_	1110		7	M	D. 71331314111	MEDICAL EX	AMINER	SIGNED.	1 5 0	
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S	Ann Ann	M. Dixon;	M.D.		ADDRESS 111 F	Penn St.,	Balto	., Md.	21201	
AFI BAI	23a.B		ION, REMOVAL 2	3b DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LOCATION		a reside		tati
ETS	(:		RIAL	4-9-83	OAK	LAWA	Gem.	CITY OK TO	ALTA	MD.		
11-17	()	INERAL DIREC	TOR	ADDRES	Λ	2.1		REC'D. BY RECUST	PAR CARE	ISTRAR SIC	MANY	
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HERBERT E. NUBLER 3034 WORESS NORTH AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

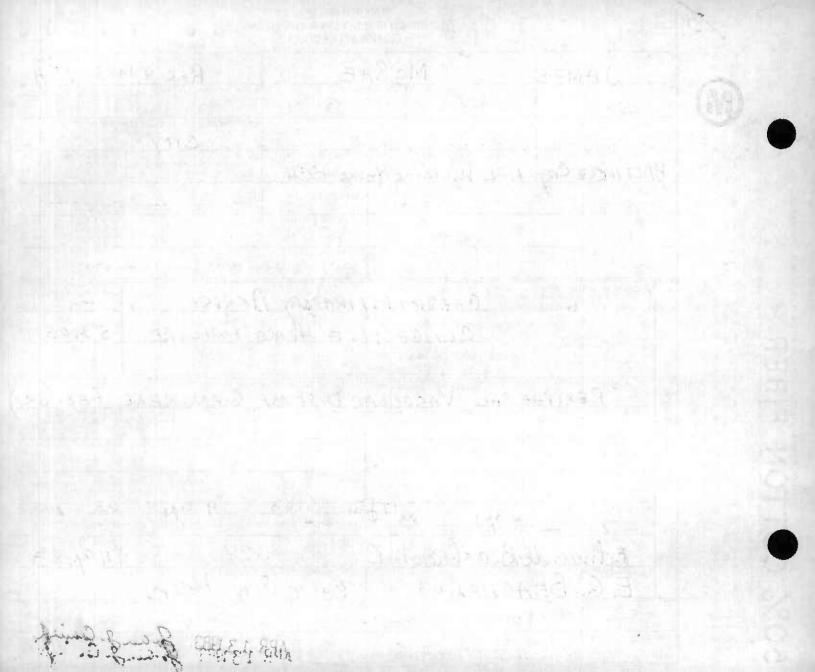
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FOR

(VRA 15, 4)

TO THE RESERVE TO THE RESERVE the state of the s manufactures and the second of TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND ME

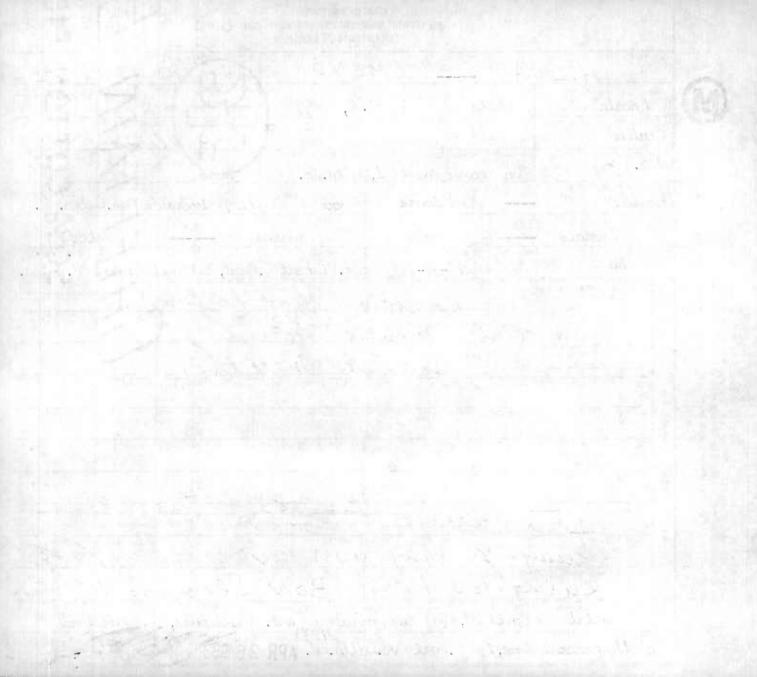
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	REGISTRAR		CERTIFI	ICATE OF DEATH	REG. N	NO		
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3. SE:	77	4 RACE	5. DATE O	DAY O WEAR	6. AGE (IN YEARS LAST B	IRTHDAY) IF UI		UNDER 24 HR
₹6 RI	Female INTHPLACE (STATE OR FOREIGN)	White 76 CITIZEN OF WHAT COUNTRY?	Oct.	4, 1899	83	YRS.		
	rytand	USA	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	YT
.10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPAT	ILLMI	2b. KIND OF E	BUSINESS
-	to; ty	Bon Secoun Hosp	sital, L	Balto.Md.	None None		NDUSTRY	
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	ATHER'S NAME FIRST Francis	Middle Meyd	,	15. MOTHER'S MAIDEN NA/	MIDDLE		Reith	
16a V	WAS DECEASED EVER IN U.S. A	REMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 217-54-9	JRITY NO.	Mr. Vincent G.	Mound 2022	Hillenwa	Md.	Bal+
	18 CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), an	nd (c).	/	n regar, Louis	7720040	APPROXIMA	TE INTERVAL
NOI	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION FOR WHICH OPERATION WAS PERFORMED					RE FINDING	CHEED
IFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WASTERFORMED	200 AUTOPSY?	IN CERTIFYING	CAUSES OF	DEATH?
CERTIFICAT	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION		YES NO	IN CERTIFYING	CAUSES OF	
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING	CAUSES OF	DEATH?
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. FER) P.M. 21c. PLACE OF INJURY	AY YEAR		YES NO	IN CERTIFYING YES URY IN ITEM 18 PART I	CAUSES OF	DEATH?
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TO FUNERAL DIRECTOR: After this certificate has

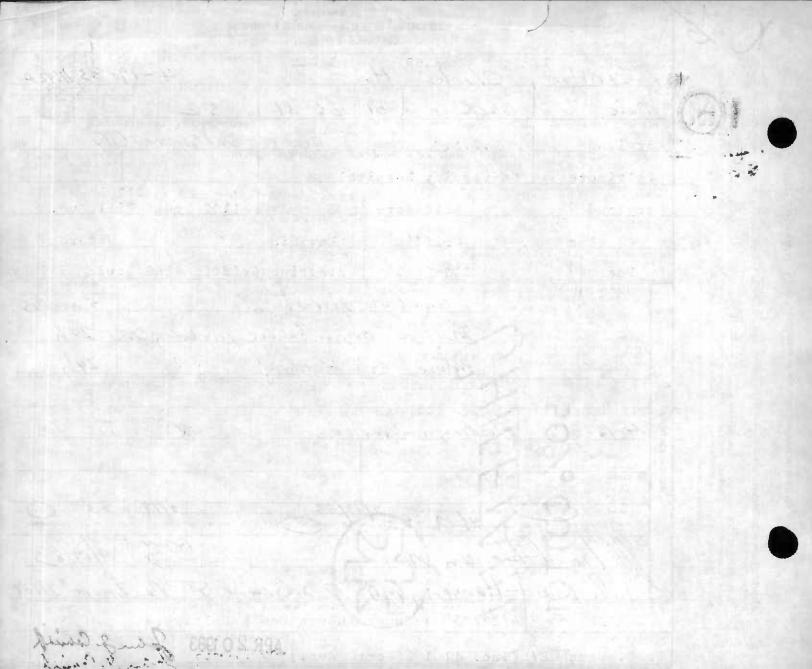


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10	. CIT	YORTOWN	OF DE	ATH	11. NA	ME OF HOS	PITAL, NU	RSING HON	E, OR OTH	HER INSTITUTION		UAL OCCUP		OF WORK	12b KIND OR IN	OF BUS	INESS
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(VRA 15, 4)

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	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND
STATE	CERTIFICATE OF I

AND MENTAL HYGIENE DEATH

		REGISTRAR					REG.	NO.		
		CEASED NAME FIRST	1111	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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	3. SE>	X	4. RACE		S. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
		M	white		AÜĞ.	13, 1923 ***	59	YRS.		MOURS MIN.
1	Ar Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
2		MARYLAND	U.S.		WIDOWE	D DIVORCED	BALTIMO			MD.
1		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUP. (TYPE OF WORK FOR MO: ENTER			OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING TO OR STATE TO SOMER	NTY	GIVE RESIDENCE BEFOR 131, CITY OR TOW PRINCES	S ANI	134 INSIDE CITY LIMITS?	BEECHWO	DD ST.	218	353
10	14. FA	ATHER'S NAME FIRST AVERY J.	MIDDL	ETON LAST		MARY EMIL		100	LA.	
7		VAS DECEASED EVER IN U.S. AR		16h SOCIAL SECU	JRITY NO.	17 INFORMANT	ADI	DRESS		
100	()	YES UNKNOWN) WAR	TT DATES)	217 16	9417	MRS JULIA	M. MIDDL	ETON		
		18. CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	D BY: "E CAUSE (a) DUE TO, O		ence of	relative 4	cart fa	ture	BETWEEN	XIMATE INTERVAL LONSET AND DEATH 2 AVA
	NO	PART 2. OTHER SIGNIFICANT O	ONDITIONS CO			NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	10.
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDS YING CAUSES	INGS USED S OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA	HOUR A.	DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK		REET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
		220. I certify that (1) (this haspi saw the deceased alive an abave. (1) (we) (did) (did no 22b. SIGNATURE Ann 5.	t) view the bady	after death.		nd that in min (aur) apinian DEGREE ATTENDING PHYSICIAN		date and hour	and from the	, that (I) (we) last e couses stated E SIGNED
Ī		22d. PHYSICIAN'S NAME (TYPEO	Vorys	mD		3900 Loch			o., Md	. 21218
	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OF CREMATORY JL CEMETERY	23d. LOCATION	ON MAR	YĽÄND	STATE

DHMH - 16 50M 4/82

BP

(VRA 15, 4)

24. FUNERAL DIRECTOR WILSON

PRINCESS

250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S

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A	1.	FOR STATE REGISTRAR		04	EPARTMENT OF	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	NTAL HYGIENE	18781C	ek O	0 1	Ü
3 2		CEASED NAME OR PRINT)	FIRST	MIDDLE M.	MI	VES 7	6 77	DATE OR DEATH	2 3 3 7/2	YEAR 26. H	OUR PM
ge 4 moy	3 SE	×	4. R.	BLACE BLACE	S. DATE	OF BIRTH	15 2 6. A	GE (IN YEARS LAST BIR	YRS.	NDER I YEAR IF UN	DER 24 HRS
O the opposite of the opposite		RTHPLACE (STATE OR COUNTRY)	FOREIGN 7b. C	USA	MARRI	D NEVER MAR	RRIED	ALTIMORACITY O	R COUNTY OF	DEATH / YM	MD.
S offer d	1	Daltimo	A.	NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME		{TY	USUAL OCCUPATI PE OF WORK FOR MOST O		2b. KIND OF BUS NDUSTRY	
filled in ould be t	USU 13e.:	AL RESIDENCE (IF NUR NOTATE	136 JOUNTY		OR TOWN	134. INSIDE CITY	LIMITS? 1110	STREET ADDRESS	Me Br	OX 140	783
MARYLA ed within mpletely ond 2 sh	14. F/	THER'S NAME FIRST	E MIDD	BA	INKS	15. MOTHER'S M	ADEN NAME	MIDDLE	Parme	N LAST	
BALTIMORE, cote be execut ysicion and co ppers. Pages 1 vol.		VAS DECEASED EVER	(IF YES, GIVE WA	FORCES? 16b SOCI	al security NO. 06-7484	Jess;	Arm:	strong		Edison	Hwy
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es the pleo puriol, y, or o	CERTIFICATION	underlying coust	NIFICANT CON	DITIONS CONTRIBUTION FOR	ING TO DEATH BU		ED 2	DISEASE OR CON	20b. IF YES, W	ERE FINDINGS L G CAUSES OF D	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. Wher this certificate has been sig as the buriol-trosst permit. Ther th and Mental Hygiene prior to b orked or them 18 shows any injur	MEDICAL CERT	21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY ACTURED NOT WE WHILE AT WORK	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	19	21c. HOW INJUR		ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	_	STATE
OR ATTENDI ne hospitol or DIRECTOR: A oched for use Dept: of Heal			(this hospital)	ottended the decease	_19_8	DEGREE	ENDING _ M	to h occurred on the do	FF		i) (we) lost s stoted
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote	20	22d. PHYSICIANS N	NATH	an SCHA	resem	22. ADDRESS 22. S	3- Gove	rve Si		1//	
BP	230.	BURIAL, CREMATION SPECIETY Burial		3b. DATE 4/16/83	Church	Cem.	MATORY	Gaston	co	DUNTY N	.C.
DHMH - 16 50M 4/82	_	UNERAL DIRECTOR					250. DATE REC	1 3 1983 .		O IG OT TREE	U.
(VRA 15, 4)	W	m. C. Ma	rch F/	H 1101	E. Nort	h Ave.	APR :	13 1303	Jour.		



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DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

Harry F. Fink 3407 Action Rd. 21234 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED 4-21-83 PHYSICIAN DIRECTOR PHYSICIAN N. CHAPLES GEN. HOSP. BALT. MD. 21218 Burial St. Andrews Cemetery Apr 25 1983 Baltimore Maryland 24 FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG NO

2h HOUR

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12h KIND OF BUSINESS OR

21234

IF UNDER I YEAR

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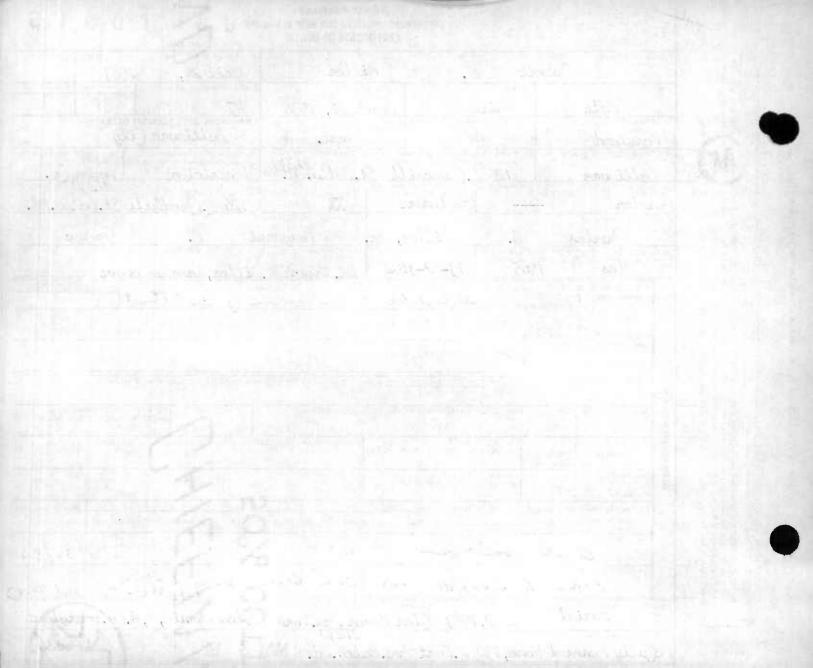
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	3		1 -	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	REG. NO.	10	0 4
				CEASED NAME FIR	RMA	MIDDLE		AILLER	20. DATI	OF DEATH MON		I TIOOK
	4 moy t		3. SE		4. RACE W		5. DATE (DE BIRTH YEAR	6. AGE	(IN YEARS LAST BIRTHDAY	MONTHS D	- VI ///
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	er de vithii	1	10-C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	NG HOME	OR OTHER INSTITUTION	12a USU	IAL OCCUPATION	12b. KIN	ND OF BUSINESS OR
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SRE,	ond co	1		VAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS	4121 Be	dford Rd.
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	physicic npopers mavol.			18. CAUSE OF DEATH IER PART I. DEATH WAS O	AUSED BY:	r line for (0), (b), 0	nd (c).) ARDIO	- PULMON	JARY F	RREST	BETW	PROXIMATE INTERVAL /EEN ONSET AND DEATH
N SI	ding orboi			1747	NEDIATE CAUSE (0)	OR AS A CONSEQU				IVIC EZ I		
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DIVISION OF VITAL RECORDS,	The low recicion. te hos been sit permit. T giene prior t	9	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a A	IN	. IF YES, WERE FII CERTIFYING CAU	
VITA	nysicio roosit Hygie 18 sho	0	CERT	21a. ACCIDENT WAS UNDERLY				21c. HOW INJURY OC				
OF	SICIAN ing ph certifu certifu vrial-tr vental I	7		OR CONTRIBUTING CAUSE	O. DEATH	.M. MONTH [DAY YEAR					
IVISION	G PHY ottendi rer this s the bi and A		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNT	Y STATE
۵	ATTENDING Spital or o CTOR: Afte d for use os t af Heolth m 21 is mork			22a.1 certify that (1) (this	hospital) attended th	ne deceased from	3/5	83 ,198	3 , to_	4/21/	1 19 8 3	, that (I) (we) last
	R ATTEN hospital RECTOR red for ur			sow the deceased of above, (1) (we) (did) (ive on 11-12 c	ofter death.	83.0	d that in (my) (our) op	inion death acc	urred on the date o	nd hour and from	the couses stated
	the hor the ho			226. SIGNATURE	James	7.	M .)	DEGREE ATTENDIN PHYSICIA	NG MEDIC	AL STAFF	- 4	ATE SIGNED
	TO HOSPITA reformed by TO FUNERA should be de with the Stat IMPORTANT	1		22d. PHYSICIAN'S NAME		ABAP AT	11	22e. ADDRESS			64	to I Loch ROVE
	shot with	-	23n	URIAL, CREMATION, REM			11	EMETERY OR CREMATO		OCATION	114-) (2)	- Vy 1111/2/23
	BP			SPECIFY) Removal	4/21/8		Or C	EMETERT OR CREMATO	23u. E	CITY OR TOWN	COUNTY	STATE
Dis	IMH - 16 50M 4/8		24 F	JNERAL DIRECTOR	1721/0			250	DATE REC'D.	BY REGISTRAR 256.	REGISTRAR'S SIG	NATORE,
DH	(VRA 15, 4)	2		Anatom	y Board	ADDRESS	Balto.	, Md.	APR 2	7 1983	Johns	- Comery

104	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.						
e 6.4		CEASED NAME FIRST OR PRINT)	MIDDLE	M: //	4 1/ 20	ONTH DAY YEAR 26 HOUR				
oy be loge 3 deoth		Robe	77.0	Millen	April 29,	1983 N				
tor, p	3. SE	As 1	White	5. DATE OF BIRTH MONTH DAY YEAR 1036	6 AGE (IN YEARS LAST BIRTH	MONTHS DATE HOURS MIN.				
Poge Ferror	7a B	RTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUNTR	March 21, 1936	9 BALTIMORE CITY OR	COUNTY OF DEATH				
deoth	1	laryland	USA	MARRIED NEVER MARRIED WIDOWED PLANTONCED	Baltimo	re (ity MD				
198 APPS	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACHLITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) 21220	12a USUAL OCCUPATIO					
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short fi		THER'S NAME		15 MOTHER'S MAIDEN N		enca Sc. Dano. Pa.				
and and and	150	Charles	B. Mill	len, Sr. Mangan	et M.	George				
Poges	160 V	VAS DECEASED EVER IN U.S. A			ADDRES	S				
S. Poo		res. NO OGYNKNOWN) (IF YES. G	1965 213-32-	3102 Mr. Joseph W	Millen, Same	as above				
hysica poper ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), ED BY:	and Ici	. ~ 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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DIRECTOR: oched for us Dept. of He If Hem 21 is		22b. SIGNATURE	- Jean	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED				
ERAL ERAL Store		224. PHYSICIAN'S NAME (TYPE	OR BRIDITY	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIA	AND 7/30/83				
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of of Man		BURIAL, CREMATION, REMOVA		B. NAME OF CEMETERY OR CREMATORY	23d LOCATION	MEN STOY				
BP		SPECIFY) Burial	May 2, 1983 G	Len Haven Mem. Park	Glen Burnie					
H - 16 50M 4/B2	24 FI	INERAL DIRECTOR	// ADDRES		TE REC'D. BY REGISTRAR 2.	REGISTRAR'S SIGNATURE				
(VRA 15, 4)	1110	ully tuneral.	Home, 130 E. Fort	Ave. Balto. I'd. WIF	11 0 1300					

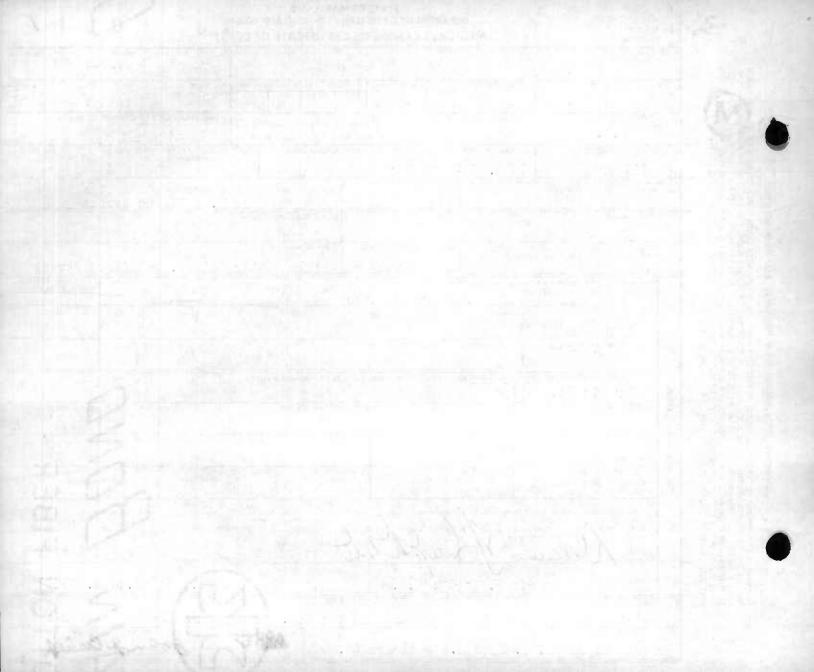
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



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P	1	STATE REGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	10016
noy be poge 3		CEASED NAME FIRST PORTY	MIDDLE .	MILLE	AST P	20. DATE OF DEATH MON	TH DAY YEAR 2b. HOUR
ge 4 may tar, po	3. SE	Female	1. RACE White	5. DATE C		6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
GAT, Po		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	D NEWER MARRIED	9. BALTIMORE CITY OR CO	
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deoth ce ottending ove corbi		Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	Fic aleno	PA	186
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TTENDI priol or TOR: A for use of Heal		22e.) certify that (I) (this hosp saw the deceased alive of above II) we (did (did	of viscosity body after deal	_19_67_0	nd that in (my) (our) opinion	, to	nd hour and from the causes stated
N ho ho he		Wardans	Cleren		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/1/23
TO HOSPITAL Controlled by the TO FUNERAL B should be detected with the Stote D MAPORTANT: If		RICHARD	N. CARE	MD	Univ. M	of thesperial	
D € D € \$ \$	20	PRIAL, CREMATION, REMOVAL	236. DATE 4-19-83	Westver	EMETERY OR CREMATORY	23d. LOCATION Caloropelle	Bullo Go. Take
DHMH - 16 50M 4/82 (VRA 15, 4)	24/5	NERAL DIRECTOR	la de Cons	Maples Values		TE REC'D. BY REGISTRAR 260	REGISTRAR'S SIGNATURE

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40						MARYLAND			
13	1-	FOR STATE				H AND MENTAL HY	GIENE 3	1001	7
		REGISTRAR FIRST	ME	DICAL EXAMI	NER'S	CERTIFICATE OF	DEATH REG. 1		
		PE OR PRINT)		WIDDLE		LAST	20 DATE KNOWN OF ESTI-	MONTH CAY YEAR	2b. HOUR
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AND	1	M Black	7 29		YRS.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEAD	4/4/83 19	112:52 P _M
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DRE, M DEATH OBEST, M PM AND 2		Joe Miller				Sarah		?	
	16a. \	WAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES?	166. SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	55	
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A PEN V	100	cause (a) stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUENCE	EOF				
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THIS WAR		AT WORK AT WORK							
DIVISION OF VITAL REC JINER: THIS CERTIFICATE SHOULD E ICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRICR TO BURIAL, C		220 I certify that Legak cha	rge of the remains de	softed floore, held on	Autos	psy . Inspection	X . Inquiry . , o	and in my apinian	
MANN HELITING MANN MANN MANN MANN MANN MANN MANN MA		death resulted from No	tural couses X	Sugare J.	uicide _	Homicide L	Undetermined manner		
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- F.		SIGNATUR VELLE	us 1X	my	· va	Assistant	MEDICAL EXAMINER	DATE SIGNED 4/4/	83
WORNER S		EXAMINER'S NAME D		- w// w n		222	D Ct D-3	4- MI 070	0.7
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	ennis F. S			- Aller Address -	Penn St., Bal	to., Md. 212	UT
PA TEX	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	4 8 83	Crownsv	ille	Vet Cem.	Crownsville	M	d
DHMH - 17		UNERAL DIRECTOR	ADDRES	S		25a. DA 15.85		GISTRAR'S SIGNATURE	1
(VR A15 ME (5))	Bu	www.lThompson H	т. н. 1913	W. Baltimo	re St		1500	and country	K .



DHMH - 16 50M 1/87

(VRA 15, 4)

FOR Items 4 Phone 4-21983 PARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH & AGE IN YEARS LAST BIRTHDAY IF UNDER ! YEAR DAYS 1900 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY ONSEWICE 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 320Y1 (NOF are 15 MOTHER'S MAIDEN NAME 04134 0 Sen 17 INFORMANT 216-05-2821B Yernon Milley - 320 7, Carry St BETWEEN OM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred in the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN. DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Garden Ma. H- 31941. Schroeder

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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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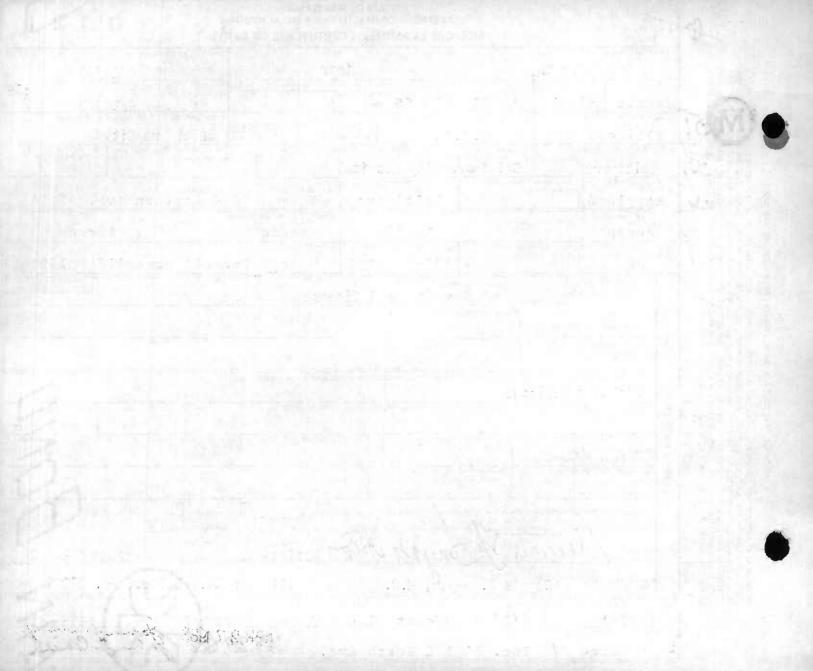
STATE OF MARYLAND									ch /4
M	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.						
P		CEASED NAME FIRST	MIDDLE	M	inadaKis		H 2	- 00	10 103 PM
M	a. SE.	Male	1. RACE Whit	11		6. AGE (IN YEARS LAST BIRTH	YRS.	UNDER 1 YEAR	HOURS MIN.
7	Т	IRTHPLACE (STATE OR FOREIGN	U.S.A. WIDOWE			Baltimore City Baltimore City			MD.
13	Baltimore 11. Name OF HOSPITAL, NURSING HOME OF GOOd Samaritan Hospital Cood						126. KIND OF BUSINESS OR INDUSTRY Liq. & Rest.		
	13a. S M	130. STATE Md. Me OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE A. Arundel Glen Burnie		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	134 STREET ADDRESS 103 Phelps Avenue 21061				
2		ostas	Minada Minada	15. MOTHER'S MAIDEN NA FIRST	ST MIDDLE LAST				
2	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (165. NO OR UNKNOWN) (16 YES. GIVE WAR OR DATES) 216-09-3651A Mrs. Doris Minadakis						3 Phe urnie		mate interval
miory, or officer recomonic even	NOI	PART I. DEATH WAS CAUS 0389 IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) O V C) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	le Congeste uith pulma I min g Se	psis.	•		51
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	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		22a. I certify that (I) (this hospital) attended the deceased from							
		276. SIGNATURE S. SI-HENNAUS N. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X						22c. DATE SIGNED 4-22-83	
Adel S. EL-Hennawy 220 ADDRESS GSH									
23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Burial 4-25-83 Greek Orthodox Cem. Baltimore Ba									Md.
82	Ni	Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md. 25. Date RECO BY REGISTRAR 250 DEGISTRAR							

DHMH - 16 50M 4/82 (VRA 15, 4)

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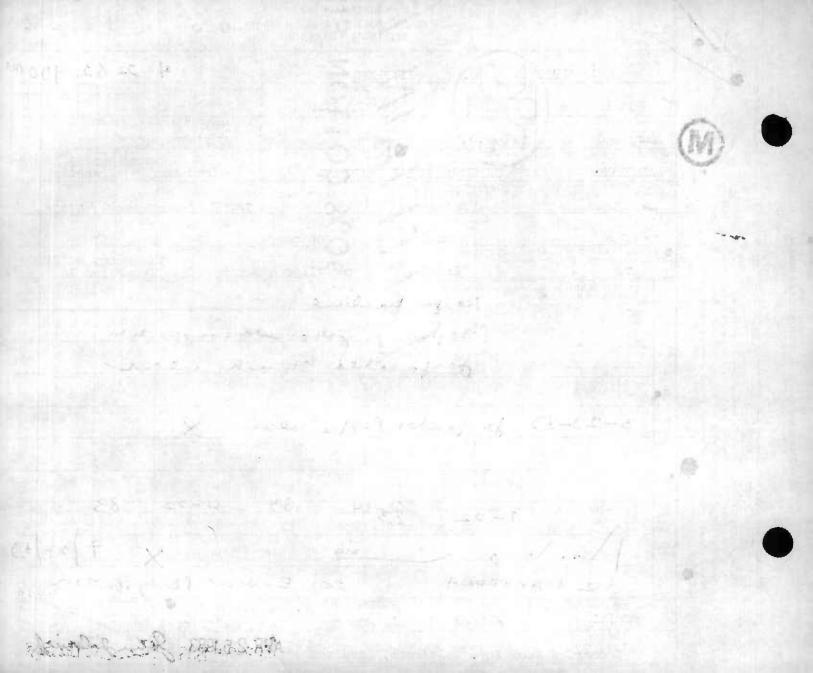
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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/	REGISTRAR											
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()	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES) .		05-75			7.4.7	Ti	moniu	ım, M	d 210
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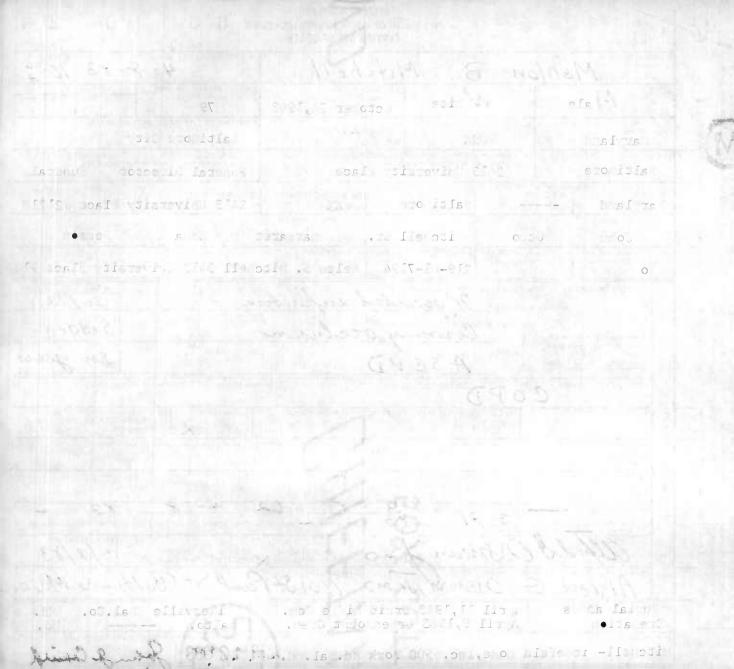
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(VRA 15, 4)

STATE OF MARYLAND



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furie of director, page 3	3. SE	Mala	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS
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rs. Pages I		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL PAR OR DATES) 212	SECURITY NO. 17 INFORMANT	ADDRES	admicsion	i of avmate
signed by the attending physici Then please remove carbon paper to burial, cremation, ar removal. njury, ar ather traumatic event, th	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF DIL	ung - metasta esophagus THE TERMINAL DISEASE OR COND	10	Month Year
permit. ne prior ws ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
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the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211. LOCATION	CITY OR TOW	N COUNTY	STATE
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d for t. of m 21	100	above, (1) (we) (did) (did not			opinion death occurred on the da		
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should be detained the state with the State		Dean Mit	hell	200 1	S. Honover St	Baltimo	re, Md.
should b		BURIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF CEMETERY OR CREM	AATORY 23d. LOCATION	COUNTY	STATE
		Bürial	14 Apr.83	Glen Haven Mem.	Park Glen Burn		MD 1
16 50M 4/82		UNERAL DIRECTOR	03 D AD0	RESS APP	25a. DATE REC'D, BY REGISTRAR	a. EGISTRAR'S IGN	URE
'RA 15, 4)		James S. Kirkle	y, Glen Burni	e, MD	APR 1 3 1983	70	

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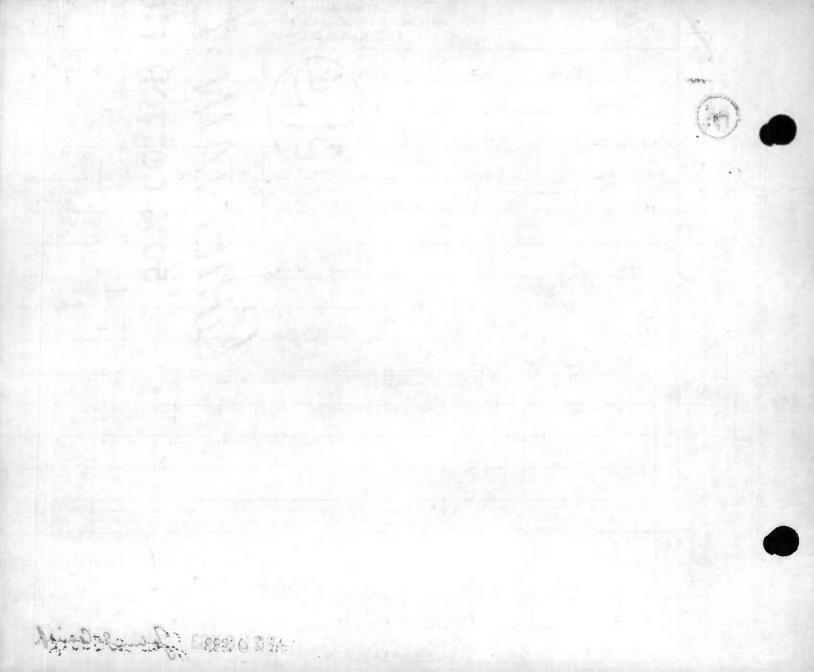
24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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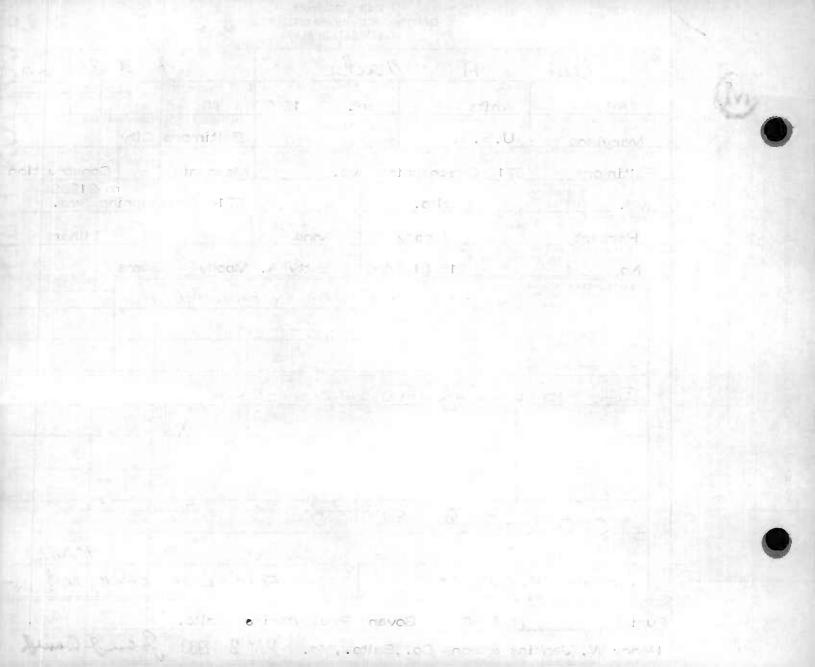
(VRA 15, 4)

STATE OF MARYLAND

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by the fulled with		ITY OR TOWN OF DEATH Baltimore	11. NAME OF	HOSPITAL, N	URSING HOME O	OR OTHER INSTITU		120 USUAL OCCUP (TYPE OF WORK FOR MO Mechani	ST OF WORKING LI	FE) INDUSTRY	BUSINESS OR ruction
ould be fu	USU	AL RESIDENCE (IF NURSING HOME COTATE 13b COU	OR OTHER INSTITUTION		BEFORE ADMISSION)	13d. INSIDE CITY I	LIMITS?	13e STREET ADDRES	SS	2120	09
ompletely ond 2 sh examine	14. F	ATHER'S NAME FIRST Herbert	MIDDLE	LAS	ody	15 MOTHER'S MA		AE MIDDL		Tilha	am
Poges I		VAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL	SECURITY NO. 01-2466	17 INFORMANT Betty		Moody	DRESS Sam		
s been signed by the o rmit. Then pleose remo- prior to buriol, cremoti s ony injury, or other tro	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT IN COUNTY OF THE PROPERTION	conditions co	ONTRIBUTING	veer,	NOT RELATED TO	mel	NAL DISEASE OR CO	20b. IF YE	S, WERE FINDING	GS USED
this certificate hos the buriol-tronsit per and Mental Hygiene ced or Item*18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINET	HOUR A		H DAY YEAR	21c. HOW INJUR	RY OCCURR	YES NOT	YE	ES 🗌	NO 🗌
After this a e as the bur olth and Me marked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
s e s		22a. I certify that (II) this hosp sow the decease alive a above (I) (we) (did (did n			- T	that in m (our	r) opinion o	eoth occurred on the	dote and hou		ot(1) we) lost ouses stated
y the hospito RAL DIRECTOI detoched for lote Dept. of H VI: If Item 21:		22b. SIGNATURE	P.C	whe	r mo	PHY:	NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗍	22c. DATE SI	GNED 0/23
TO FUNERAL should be det with the Stote (MPORTANT:			CUT	Zex		3640	Fo	rds Lar	re, Bo	200, n	Id alars
	(BURIAL, CREMATION, REMOVA SPECIFY)				EMETERY OR CREA		23d LOCATION CITY OR TOWN		COUNTY	STATE
·	-	ırial	5-3-8	33	Govans	Presby					Md.
H - 16 50M 1/76 VR A 15 (4))		uneral director lenry W. Jenk	ins & S	Sons C	o.,Balt	o.,Md.	MA DATE	Y 2 1983	AR 25b. KEGIST	RAR'S SIGNATU	mil

STATE OF MARYLAND



1	/						E OF MARY			4.4		46 . 6	-9 .0		
4	1.	FOR STATE			DEPARTA			MENTAL HYG	IENE 8	3		0 0	3 U		
		REGISTRAR					ICATE OF	DEATH		REG. NO					
		CEASED NAME	FIRST		MIDDLE	· ·	AST		20. DATE OF	DEATH M	НТИО	DAY YEAR	26. HOUR		
-		GI	ENEVI	EVE	E DNA	MOOR	E	TO CL	APRIL	20,		12:15 A			
1	3. SE.	X		4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTH	(DAY)	MONTHS DATS	IF UNDER 24 HRS		
1	F	emale		W	hite	MONTH 7	29	1912	70		YRS.	MONINS DATS	HOURS MIN.		
ł		RTHPLACE (STATE OF I	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMOR	E CITY OR		Y OF DEATH			
4		arvland		U	.S.A.	WIDOWE	_	NORCED	Baltir	nore (City		MD.		
7		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C		STITUTION	12a USUAL O	CCUPATIO	N	12b. KIND OI	F BUSINESS OR		
4	B	altimore	100		Hospital		oratio	an .	Clork				ht Lines		
ŧ		AL RESIDENCE (# NURS	ING HOME OR								Lanci	O FIELD	ne bine:		
4							-		13e. STREET A		7.7 **	216	2012		
ł	_	aryland	Bal	timore	Dundal	.K	YES []	NO 🔽	2014 I	Jarkna	all F	Road			
A	14.17	FIRST		MIDDLE	LAST			FIRST		MIDDLE		LAST			
1	William 160 WAS DECEASED EVER IN U.S. A			F.	Mangold							Dressel			
J	(YES, NO OR UNKNOWN) (IF YES, C			MED FORCES? E WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES	201	4 Larkh	all Road		
l	N	0		No.	216-01-4	1070	Rober	t N. Mo	ore, Si	r.	Bal	to. MD	21222		
ľ		18. CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b), one	d (c).)						APPROXIA BETWEEN O	NATE INTERVAL		
ı		PART I. DEATH W	AS CAUSE	E CAUSE (o)	SEVERE PA	NCYTO	PENIA	PROBABL'	Y PRELE	UKEMI	A				
١		2087	MMEDIAI						THE STATE OF		F. 107				
١		Cardinian II	111	DUE TO, Q	AISTORY O	FDIA	RETES	MELL TILLS	5						
ı		Conditions, if ony, gove rise to imr	nediote	(p)	12010111 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02120	TELLI TOC							
ł		couse (o), statin underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF									
I				(c)		-									
ı	z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	ORCOND	ITION GIV	EN IN PART 110			
1	CERTIFICATION			Ton and						200	-a. 15.15				
J	ICA	19a DATE OF OPERA	IION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	OKWED	200 AUTO			S, WERE FINDIN FYING CAUSES			
I	RTIF									NO 🔀		ES 🗍	NO 🗆		
ı	Ü	OR CONTRIBUTING	-	110110	FINJURY M. MONTH DA	YFAR	21c. HOW	NJURY OCCURR	ED (ENTER NAT	URE OF INJURY	IN ITEM 18	PART I OR PART 2)			
I	ZAL	(IF EITHER, NOTIFY MEDI		115	Μ.	19									
١	MEDICAL	21d. INJURY OCCUR		21e. PLACE			211 LOCAT			CITY OR TOW	rN.	COUNTY	STATE		
ı	Z	WHILE NOT WE	RK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SING	E (CITTONION		Coom	31412		
ı				ottended th	e deceosed from_	APRIL	19	19 83	, to AP	RII 2	20	19_83	that (1) (we lost		
ı		22a I certify that (I) sow the decease	ed almo-on	APRIL	20, 19	83.	nd that in (m	() our opinion	death occurred	on the dot	e ond ho	ur and from the a	couses stoted		
ı		obove, (I) (we) (c 22b. SIGNATURE	did (did no	view the body	ofter deoth.		DEGREE					22c. DATE S			
Į		worn	kal	_ e	ulang			ATTENDING	MEDICAL	STAFF		42			
ł		22d PHYSICIAN'S N	AAAE Javes	D 00 (1/2)			22e ADDRI	PHYSICIAN L	DIRECTOR			1	, ,		
								CHOICH	HOSPI						
		MUKESH LUI	HAR	M.D.			1	. BROADI	WAY BA	LTIMO	RE,	MARYLAND	21231		
		BURIAL, CREMATION,	REMOVAL			AME OF	EMETERY OF	CREMATORY	23d LOCAT	TION		COUNTY	STATE		
		Burial		4/22/	83 Lc	udon	Park (Cemetery	Ba	ltimo:	re	Mar	yland		

DHMH - 16 50M 4/B2

BP.

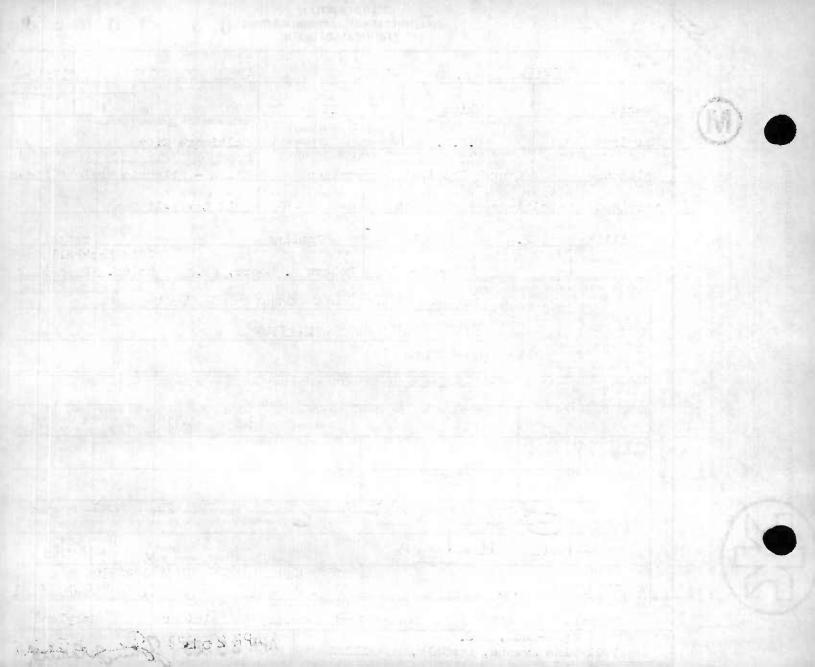
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit persuant the State Dept. of Health and Mental Hygiene p

74 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue, Dundalk, MD

21222

APR 25 1983



1721 N. MONROE ST.

MAY

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76

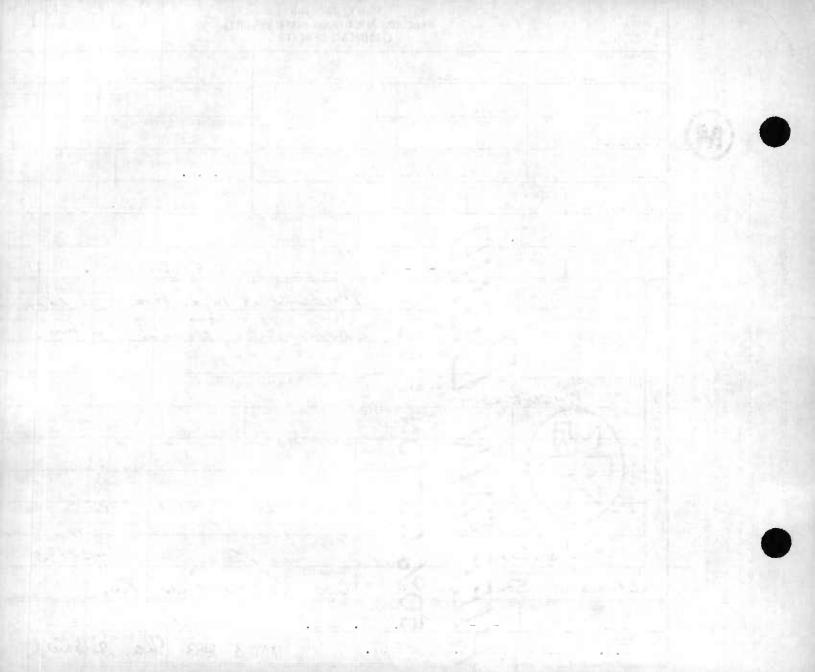
(VR A 15 (4))

NAME. L. PHILLIPS

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

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2020 1000.225		Access to the second of the	
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		and the state of t	
BULL SERVICE			

(TYPE OR PRINT) S. Louise April 19, 1983 Moorman 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE february 28,1907 Female White 76 70. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Baltimore Citu DIVORCED T WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION XXX 2912 Bayonne Ave (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YESX NO [2912 Bayonne Ave 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hiram Lelia Scott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mrs Cheryl A Mothershead N. Hickory Ave (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-16-8076 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and con-PART I. DEATH WAS CAUSED BY: Myocardeal DUE TO, OR AS A CONSEQUENCE OF Trenos du Poc Hear Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00, HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that () (this haspital) attended the deceased fram. (we) (did you not) view the body ofter death ATTENDING should be detowith the Stote D IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS Leon E Kassel M.D. 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY (SPECIFY) 4/23/83

Leonard J Ruck Inc. Baltimore, Maruland

- STATE

REGISTRAR

Buria 1

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN 2435 W. Belvedere Ave Baltimore, Md 23d. LOCATION Moreland Memorial Pk Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

21214

45 minutes

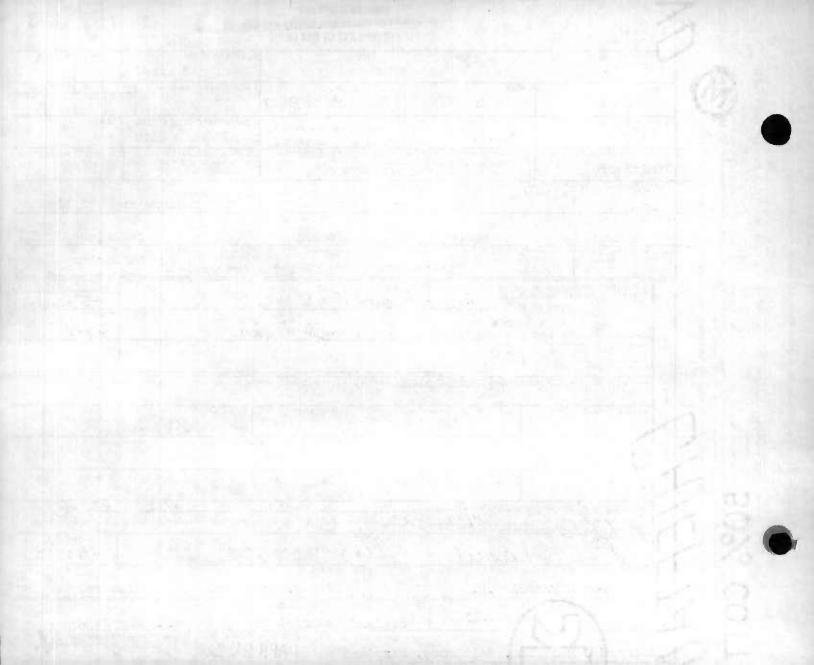
IF UNDER 24 HRS

IF UNDER 1 YEAR

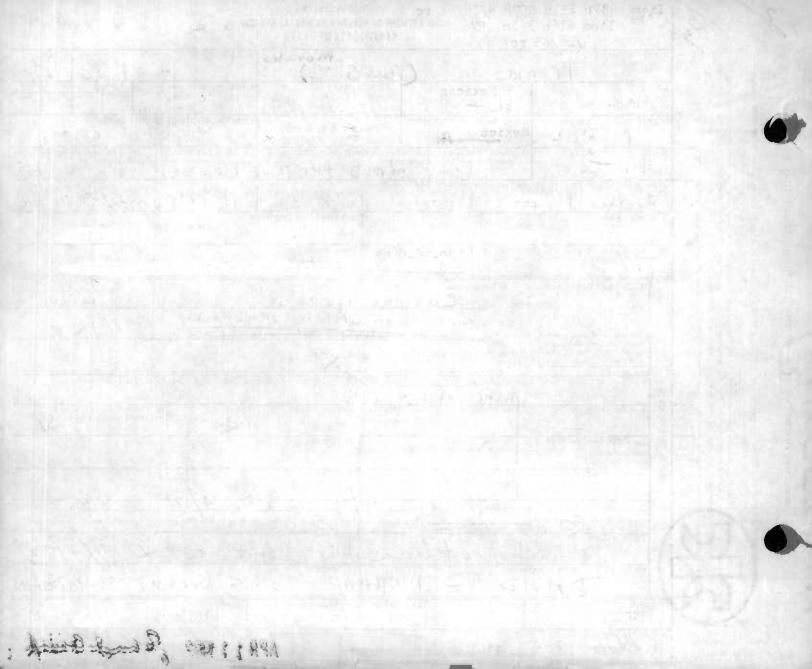
INDUSTRY

Leftwich

20. DATE OF DEATH MONTH



3/3	LIT	em #4&7b Film	G578 4/18	/83 rc		OF MARYLAND ALTH AND MENTAL HYG	IENE Q	1 0	0 3	4
p	11	FOR Item #16b STATE REGISTRAR 4/28/83	riim Goyo) JEI ARTIME		ATE OF DEATH	REG. N	0.		
+ 7€		CEASED NAME PIRST	MID	1 V	V A	morales	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
to ded	3. SE	X ,	1. RACE Mexi		S. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR IF U	INDER 24 HRS
an other		nak	Black		1Z	1) 29	53		THS DAYS HO	URS MIN.
# PR CHA		RTHPLACE ISTATE OR FOREIGN	Mexico		MARRIED.	Λ	9. BALTIMORE CITY O	COUNTY OF	DEATH	4
1 11 13	10.0	TY OR TOWN OF DEATH			HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND OF BU	ISINESS OR
i All		Baltimore AL RESIDENCE (# NURSING HOME O		LNIF. 8	MI	Hosp	Lease		Car Re	ntal
明は	13a.	Salto 136 COU		Baltimo	H	36. INSIDE CITY LIMITS?	130. STREET ADDRESS	enns	30 Jani	1217 R
Marin Marin	14. F	THER'S NAME	WIDDLE	LAST		5. MOTHER'S MAIDEN NA/	WE		LAST	
MORE, A		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16	227 40 7	555	7. INFORMANT Annette Mo	rales 237		lton S	st.
BALT cots b cots b open, open, open, open,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per lin	49					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
N ST., Certification of the control			TE CAUSE (a)			ARREST	YDRATU		WIV	15
ESTO death death death death death		Canditians, if any, which	DUE TO, OR A	AS A CONSEQUEN		- Parties	DISEASE		14 r	
T.W. Pg that the by the common other tr		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUEN	CE OF	X			· ·	
quires quires signed her plu no burns nightry, or nightry, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
PECOS low or been at prior or any in	HCATH	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH O	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS G CAUSES OF S	USED DEATH?
MTA.	CERT	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	YES [ORPART 2)	p-181
N OF SECTION OF SECTIO	CAL	OR CONTRIBUTING CAUSE OF DE	P.M.	MONTH DAY	19			2-10		
VISIO O PHET The by the by and A	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY I, FACTORY, OFFICE, FAR		21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
O ol er a		220.1 certify that (1) (this hasp		deceased fram	9	198	3,10 4/7			(we) lost
MACINE MA	1	saw the deceased alive at abave, (1) (we) (did) (did no 22b. SIGN	at) view the bady af	ter death.		that in (my) (aur) apinian (death accurred/on the de	ate and haur ar	The DATE SIGN	
A STATE OF S		Don	1 /ho	Alle	~ 1	MD ATTENDING PHYSICIAN	MEDICAL STAI	IAN	4/7/	83
O HOSPIE Provided by Thought be a Medit he so		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	B.MA	TCH	AR 27	es. Gree	ene s	st Bal	tomp
PP #513		SURIAL, CREMATION, REMOVA SPBURIAL	23b. DATE 4/12/			METERY OR CREMATORY On Cemetery	23d LOCATION Baltimo	re c	OUNTY-	Mã.
DHMH - 16 50M 4/82		INERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR		'S SIGNADIRE	ich
(VRA 15, 4)	M	n C'March F/H I	nc. 1101	E North	Avenu	e AP	u I i Bos	Ca min	9	A



4/5/83

3331 Brehms Lane, Balto, Md. 21213

24 FUNERAL DIRECTOR UNDER FUNERAL HOME,

Greenmount

Inc.

Burial

DHMH - 16 50M 4/B2 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

MONTH

2b. HOUR

17h KIND OF BUSINESS OR

STEIN

BOULDIN ST.

STATE

Md.

IF UNDER I YEAR

YES [

Baltimore

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

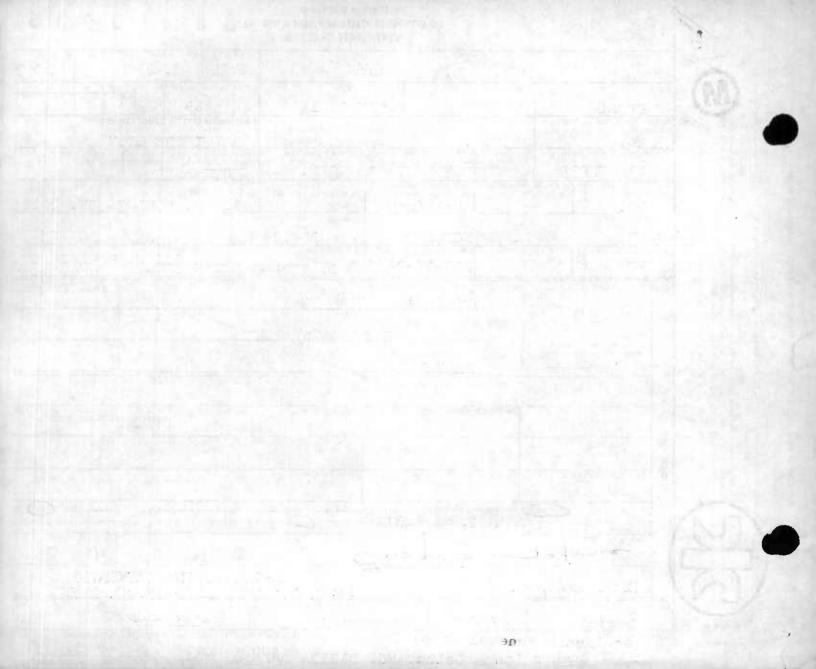
COUNTY

83_. that [M

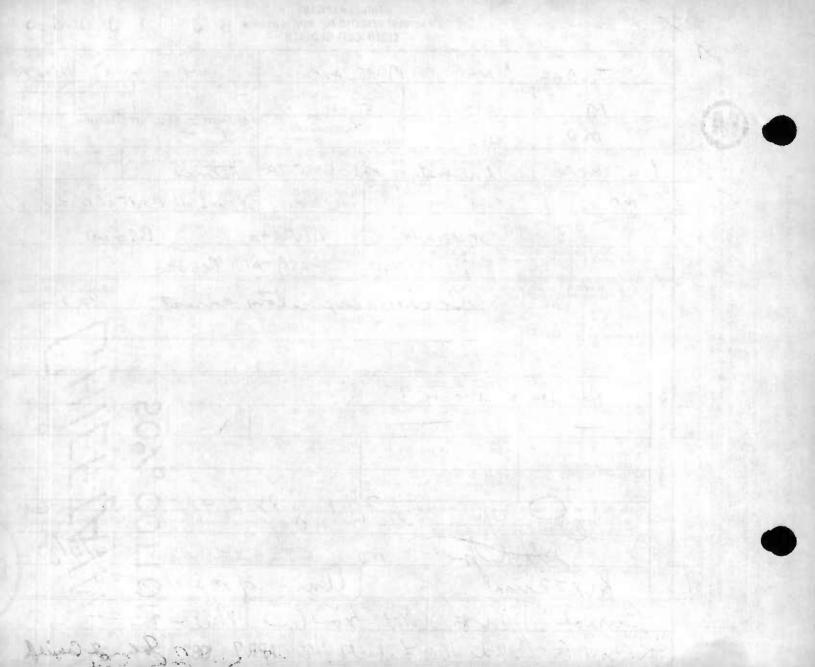
22c. DATE SIGNED

2.30

20. DATE OF DEATH



	/		STATE OF MARYLAND	20.		way y
1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3) U U	3 0
/1	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
3 85	ISAAC	. Nm7	MORELAND	4	4 83	1210 PM
to a second	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
1	m	1 15	MONTH DAY YEAR	111	YRS.	HOURS MIN.
(N) 35	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NI	JRS ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON TIPL KIND OF	MD. F BUSINESS OR
18	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE:		LITYPE OF WORKERS MOST O		BOSINESS OK
on pall of the state of the sta	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	HOSPITAL CO	21/84
d 2 sel	14 FATHER'S NAME	MIDDLE LASI	15. MOTHER'S MAIDEN N		C LAST	TIER -
d u		MORELA		TA	BROWN	
Poges	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	SIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT 2-7093 HUSPIT	TAI Recor		
pers.	18 CAUSE OF DEATH (Foter	only ane cause per line for (a), (b	ol and (c)		APPROXIM	MATE INTERVAL NSET AND DEATH
phys nove ent,	PART I. DEATH WAS CAUS	SED BY:	lin annin la	m care	1 1/2	has
rbar rrea or rea	477 MANEDI	ATE CAUSE (a)	- Wayne	7	1	,,,,
rend e co omo	Canditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF			
e of more	gave rise to immediate	(6)				
by the	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF			
pleo priol,	PART 2 OTHER SIGNIFICAN	(c)	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1:0	
fhen fo b njury				MIT ALDIDEAGE ON COTT	SHOW GIVEN IN TAKE HO	
prior /	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	
hos per	NE N			YES NOT	IN CERTIFYING CAUSES (OF DEATH?
Hygie Hygie 18 sho	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI		
certificate prol-transit entol Hygii frem 18 sha	00 000 000 000 000 000		DAY YEAR			
burner Annual Men	(IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION			
the the		(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC) STREET	CITY OR TO	WN COUNTY	STATE
Afte e os slth norh	7	pital: attended the deceased to	3/17 10 8	3 4/4	10.83	
Hess I	saw the second at plive	414	19 P3 and that in (my) (901) apinio	n death accurred on the do		hat (I) (we) last
ed for	276 SIGNAT	nat) view the body after death.	DEGREE		22. DARE 5	icades
DIRE oched Dept H Ben	128. 31011A11915	11	ATTENDING	_ MEDICAL _ STAF	4/11	1/82
ERAL Stote	AND STREET	alash	PHYSICIAN	DIRECTOR PHYSIC	IAN 1/7	0
FUN old b	22d PHYSICIAN'S NAME TO	nal	22e. ADDRESS	amat.	1059,701	
5 % # M	230. BURIAL CREMATION, REMOVA	AL 236. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
P	LSPER IEM	4-6-43	ant zum C	1 Sty OR TOWN	20UNIY	STATE
	24. FUNERAL DIRECTOR	0	250. D	ATE REC'D. BY REGISTRAR	256. BEGISTRAR'S SIGNATU	JRE
H - 16 50M 4/82 VRA 15, 4)	Same a C.	Dutt 41.00		PR 7 1083	John & C	mill



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIFI	CATE OF	DEATH		REG. NO.			
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	LA	ST		20 DATE OF D	EATH MONTH	H DA	Y YEAR	26 HOUR
		JAMES	E	. M	IORGAN				4	6	83	11:21
1. SE			4 RACE		5. DATE OF	BIRTH	YEAR	6 AGE (IN YEAR	RS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 H
M	ale		White		9	15	07	75	,	YRS.	NIH5 DATS	HOURS
7a. BI	IRTHPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIED	□ NEVER	MARRIED -	9 BALTIMORE			F DEATH	
1	MARY /R	us	4:0	14	WIDOWED		VORCED T	Balto	. City			
10 C1	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OTHER INS	TITUTION	120. USUAL OC	CUPATION			OF BUSINESS
Ba	lto.			ork Road	ADDRESSI			Polish	OR MOST OF WORE	ING LIFE)	Silve	erware
USU/	AL RESIDENCE (IF N	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE							DIIV	CIWALE
	Md.	138 COOL	11	Balto.	7	13d. INSIDE C	NO T	13e. STREET AD	York 1	Road		21212
14. FA	THER'S NAME					- In-	S MAIDEN NA		TOLK	wau		21212
	FIRST	7	MIDDLE	EAST			FIRST		MIDDLE		LAS	57
16a ∨	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS			
	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES									Lock R
un	INKN. 1213-14-9268 Mr. Edward Kenealy Balto., CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									Md. 21229		
	PART I. DEATH	ATH (Enter on WAS CAUSE	D DW		ARRES	-						MATE INTERVAL ONSET AND DEA
		IMMEDIAT	E CAUSE (o)	CHAPINE	TICKLS	-					IMM	GOLATE
	Conditions, if a		DUE TO, O	R AS A CONSEQUE		INFA	RCTION				IMM	ICOLATE
		cause (0), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSTRUCT DISCASE (c) CONSTRUCT DISCASE								710 years		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CHRONIC OBSTRUCTIVE PULMONARY DISEASE											
CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	ITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED 200 AI							OF DEATH?
20	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEA	110	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATUR	RE OF INJURY IN ITE	M 18 PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f LOCATION STREET CITY OR TOWN										COUNTY	STATE
	270 I certify that (I) this hospital) attended the deceased from 28 , 19 8 , to MARCH 8 , 19 8 , that (II) we) lost saw the deceased olive as above (I) we) (did) (and not wise the body after death. 28 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated											
			Molins	MO				MEDICAL DIRECTOR	STAFF PHYSICIAN]	ager 1	7, 19
	22d PHYSICIAN'S NAME (TYPE ORPRINT) SERENA R. NOLAN, M.D. 2149 KIRK AVE, BALTIMORE,									Re.	HO	2/2/1
23o. B		R. NOO	PRINT)	· D .		27e ADDRES 2149	PHYSICIAN E S KIRK	DIRECTOR	PHYSICIAN [TLT IM ,			

DHMH - 16 50M 1/B1 (VRA 15, 4)

Anatomy Board 24 FUNERAL DIRECTO

Balto., Md. APR 1 3 1983

21628 Jank KATES RELIGION BOOK PROSENT

		FOR					OF MARY		O 3	E	0.0	~ Q
5	1-	FOR STATE REGISTRAR			DEPA		ICATE OF	MENTAL HYG DEATH		, NO.	0 0	3 0
	1. DE	CEASED NAME F	IRST		MIDDLE		AST		20. DATE OF DEAT		DAY YEAR	2b. HOUR
page 3	11116		argai	ret	Wade		rgan		A	PRIL	17.198	3 4:32
ler o	3. SE		4.	. RACE		S. DATE C	DAY	YE AR	6 AGE IN YEARS LAS	BIRTHDAY)		HOURS MIN.
urs or	/	Female		Whi		/	30	18	64	YRS.		
200	(RTHPLACE (STATE OR FORE	IGN 7		WHAT COUNT	RY? 8. MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT			
\$ 94/E)/		ryland TY OR TOWN OF DEATH	- ,	U.S.		RSING HOME		ONORCED [Balti	more Ci		BUSINESS OR
10	В	altimore		St. A	gnes Ho	ospital	K OTHER IN	SIIIOIION	Homemak	ST OF WORKING LIF	E) INDUSTRY	
old be		TATE TYLAND	COUNT	ther institution. Y Lmore	13c. CITY OR Arbuti	TOWN	13d. INSIDE	CITY LIMITS?	13e STREET ADDRE 1243 Ten	SS Oaks R	oad 21	227
29		THER'S NAME			111 Date	4.5		S MAIDEN NA	ME		Odd 21	
134		Hillary	MI	DDLE	Wad	de		Margare	at MIDD	E	Eic	helman
Poges 1	16a. V	AS DECEASED EVER IN 1		ED FORCES? WAR OR DATES)		5-4753	Wirg:		Noratel	DRESS 1243 T	en Oaks	1227 Rd.
# _ es	=	18 CAUSE OF DEATH IS PART I. DEATH WAS					0					ATE INTERVAL
rmit. Then please py prior to burnol, cr. any injury, ar ath	CERTIFICATION	PART 2. OTHER SIGNIFI	al	p-15.	nale	TO DEATH BUT			200 AUTOPSY?	20b. IF YES	EN IN PART I I O	
5 9 9 5	TIFK			1000	-				YES NO		S CAUSES C	NO [
burial-transit placed Mental Hygies or Item 18 show	_	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH			DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE			211 LOCAT	ION	CITY	RIOWN	COUNTY	STATE
olth marl		22a certify that (I) (the saw the deceased a	is hospito	al) attended th	e deceased fr	(115	, 19	death occurred on the	112		nat (I) (we) last
DIRECTOR: ached for us Dept. of He If Hem 21 is	8	abave, (1) (we) (did)	(did not)	view the body	affer death.		DEGREE	ATTENDING		STAFF1	22c. DATE S	
Stote det		22d. PHYSICIAN'S NAME	(TYPE OR	PRINT) C	2. A	,	220 ADDRI	PHYSICIAN [DIRECTOR PH	sician DX	1 Ra 1	17/53
should b	00	1 / IMIA	1	74	LWIT	23c NAME OF C	>1	147	123d. LOCATION	, 17//-		1, 0
	230. 1	SURIAL, CREMATION, RE/ SPECIFY) Burial	NOVAL	236. DATE 4/21/8	33	Boonsb			Boons	oro W	Vashingt	on Md.
- 16 50M 4/82 RA 15, 4)		DNERAL DIRECTOR BOARD Funer	al H	ome, Ir	nc. 410	7 Wilke	2122	7 1 1	R 2 0 198	PAR 256 ATGIST	RAR'S SIGNATI	RE.

.6.2.7 volume tring out the early to

TENTO AREA TO A SECOND TO THE TOTAL ACTION EXPENDED TO THE

4	1	FOR STATE			DEPA	RTMENT OF		MENTAL HYG	HENE 8	3	-	0	U	3	9
1		REGISTRAR				CERTII	FICATE OF	DEATH		REG. NO.			-30		
`		CEASED NAME	FIRST		IOOLE	1/1/0	LAST		20. DATE OF	DEATH MO	HIM	OAY	YEAR	2b. HOU	JR
		W:	illi	s V	V .	More	gan		Apri	1 23,	19	83			М
	3. SE>	(4. RACE		S. DATE	OF BIRTH	YEAR	6. AGE (IN YE	ARS LAST BIRTHO		IF UNDER	I YEAR	IF UNDER	24 HRS
	M	ale		Blac	k	10	6	20	62		YRS.				
À		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF V	VHAT COUNT	RY? 8.	D NEVER	MARRIED -	9. BALTIMOR	E CITY OR	COUNTY	OF DE	ATH		
IJ.	1	N.C.		J	JSA	WIDOW		NORCED	Bal	timor	e C	ity			MD.
7)	10. CT	TY OR TOWN OF DEA	тн	11. NAME OF H	OSPITAL, NUF		OR OTHER INS	STITUTION	12g. USUAL C	CCUPATION FOR MOST OF W			CIND O	F BUSINI	ESS OR
U		altimore		702 E.	21st	. St.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
20	USU A 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR		THE RESIDENCE BE			CITY LIMITS?	13e. STREET A	DDRESS				-71	
5		MD			Balti		YES X	NO 🗌	702 E		t.	St.	21	218	
a	14. FA	THER'S NAME		MIODLE	LAST	11-1-1-1	15. MOTHER	'S MAIDEN NA	ME	WIOOFE		-32	LAS1		
U		Willie			rgan			Elizak	oeth			St	one		
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORM	ANT	73.4	ADDRESS					
		es	(# 165, 611	, wan on parts)	212-2	8-961	Mary	Scarl	oro 8	21 N.	Wo	lfe	St		
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (o), (b)	, and Ici.					1	86	APPROXIE	MATE INTE	DEATH
		PART I. DEATH W.		E CAUSE (0)	COP	0									
		4/60		DUE TO, OR	AS A CONSE	OUENCE OF									
		Conditions, if any,		(b)											
		gave rise to imm cause (a), stating	g the	DUE TO, OR	AS A CONSE	OUENCE OF									
		underlying couse	lost.	(c)											
	,	PART 2. OTHER SIGN	IFICANTO	ONDITIONS CO	NTRIBUTING	TO DEATH BU	T NOT RELATE	D TO THE TERM	VINAL DISEASE	ORCONDIT	ION GIV	EN IN P	ART 110		
	CERTIFICATION														
-1	ICA	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WH	IICH OPERATIO	ON WAS PERF	ORMED	20a AUTO		Ob. IF YES				
1	RTI				15.1.11.15.1		121. 11014.1		YES 🗌	ио 🗌	YE			NO [
1		21a. ACCIDENT WAS UND OR CONTRIBUTING C		1 216. TIME OF HOUR A.A		DAY YEAR		NJURY OCCUR	RED (ENTER NAT	URE OF INJURY II	N ITEM 18	PART 1 OR P	ART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDIC		P.A		19	21f. LOCAT	ION							
/	MEL				ET, FACTORY, OFF	ICE, FARM, ETC.)	STREI			CITY OR TOWN		COL	INTY		STATE
		AT WORK LAT WOR		15 11 1 1 1 1	1 - 11			10 82		3		10.8	₹		
Н		22a. I certify that (I) sow the decease		2/00	deceased fro	0	and that in (my) (our) opinion		on the date	and hou	r and fr		that (I) (
		obove, (I) (we) (d 27b. SIGNATURE			ofter death.		DEGREE	, , , , , , , , , , , , , , , , , , , ,						SIGNED	
		Bus	H.K	alu.	M.O .		DEGREE	ATTENDING	MEDICAL	STAFF	1		4/7	5/8	3.
3		22d PHYSICIAN'S NA	ME ITYPE O	R PRINT)			22e ADDRE	PHYSICIAN [DIRECTOR [PHYSICIA	иП		1/0	~/ 0.	3
		Boile	2 61	Kalin	M.D			n Men	norial	HOSP	. fal				
	22c D	SURIAL, CREMATION,	DEMOVAL	123b. DATE		Pac NAME OF C			23d. LOCA						-
1	230. 0	SPECIF Burial	REMOVAL	4/28		Md V			CITY	R TOWN	110	COUNT	Υ		STATE

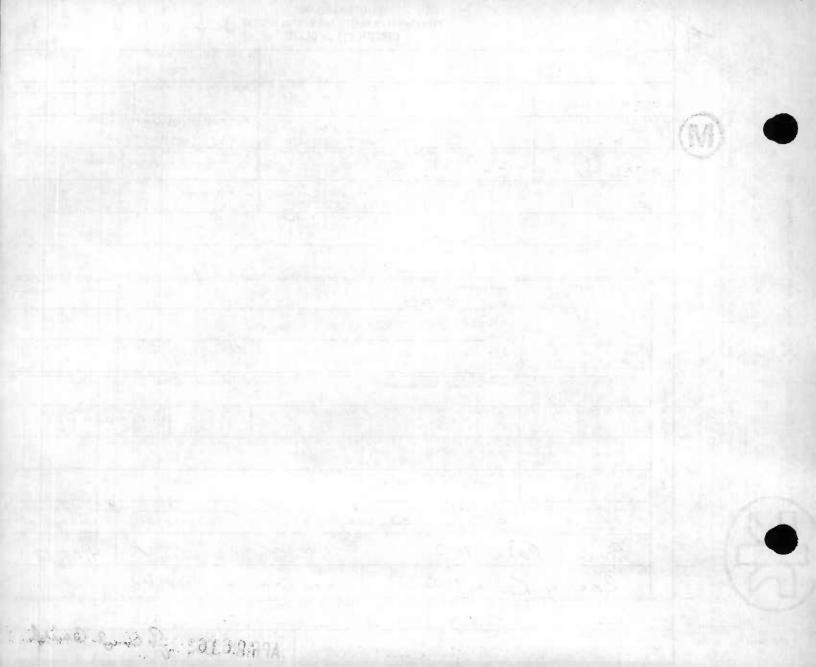
DHMH - 16 50M 4/82 (VRA 15, 4)

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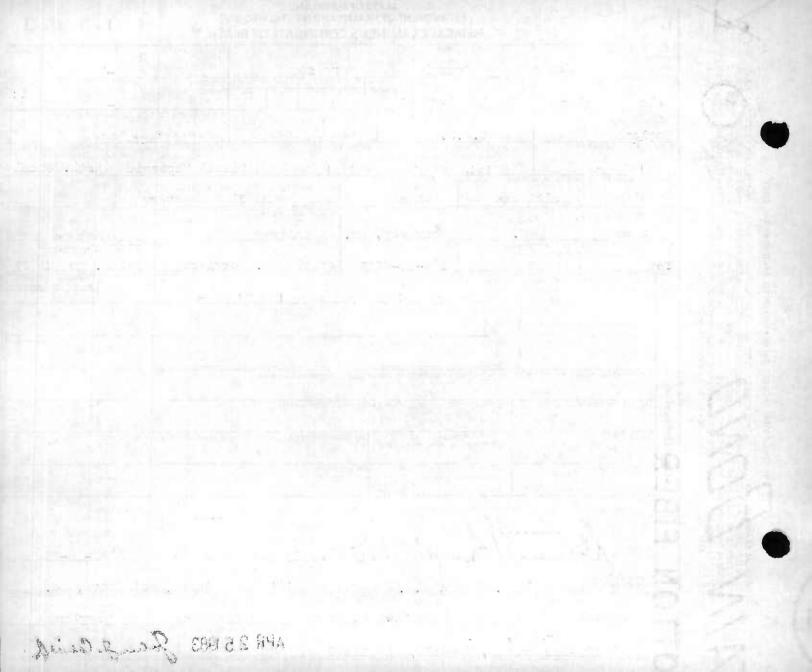
24 FUNERAL DIRECTOR
Wm. NAMC. March F/H

1101 E. North Ave.

APR 2.6 1983



VI					MARYLAND				
11-	FOR STATE			EPARTMENT OF HEALT			10	0 4	0
,	REGISTRAR	FIRST	WED	MIDDLE			G. NÖ.		7.9
	ECEASED NAME	FIRST		WIDDLE	LAST	20. DATE KNOW	MONTH X	DAY YEAR	2b HOUR
		Jame		oseph M	lorrisey	DEATH MATE	d−20	0 1983	M
3 SE	X	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF L	UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCED	MÖNTH	DAY YEAR	2d HOUR
M	ale	White	2 20	1920 63 YRS.	NINS DATS HOURS	DEAD	4-20	0 19 83	6:2
	OREIGN COUNTRY	ATE OR	76 CITIZEN OF WHA	AT COUNTRY? 8. MAE	RIED E NEVER MARR	9. BALTIMORE C	ITY OR COUNTY	OF DEATH	
	ngland		U.S.		WED DIVORG	- T	imore Ci	+.,	MD
	ITY OR TOWN	OF DEATH	11. NAME OF HOSP	PITAL, NURSING HOME, OR O	THER INSTITUTION	12a. USUAL OCCUPATION	TYPE OF WORK 12	KIND OF BUS OR INDUSTRY	
	Pal + imar	-		ILITY, GIVE STREET ADDRESS)	4-1	Diesel Mecl		Beth. St	_
USU	AL RESIDENCE (IF IN NUT GROWE	OR OTHER INSTITUTION, GIVE	ore City Hospi	191		name in	00	
	aryland	Balt	imore	Dundalk	13d. INSIDE CITY LIMITS?	3108 Short	vay 21	200	Barre .
$\overline{}$	ATHER'S NAME	Dar		Dundark	15 MOTHER'S MAID		, ay		
	FIRST		MIDDLE	LAST	FIRST	MIDDLE		LAST	
160	James WAS DECEASED	EVED INTES AD	J.	Morrisey, Sr	. Winifre	ed	N N N N N N N N N N N N N N N N N N N	Morgon	
(YES, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	office and the Comp			ORESS 3108 S		
Ye	es	WW :		244-10-6887	Shirley K	. Morrisey	Balto.		1222
		DEATH (Enter or	nly ane couse per line f	for (a), (b), and (c).)				APPROXIMATE II	
40	1/1/22	9 IMMEDIA	TE CAUSE (a) HY	pertensive Car	diovascular	Disease			
	400	- /		AS A CONSEQUENCE OF					
		s, if any, which							
	couse (o)	stating the under	< ' '	AS A CONSEQUENCE OF			271774		
	lying cous	e lost.	(c)				7.0		i ser
	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISE	ASE DR CONDITION GIVEN IN PA	ART 1 rail			
NO									
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ION FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?	
FIC								YES 🗆	NO 👿
ERT	21a. EXTERNAL		21b. TIME OF		HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2		V
	UNDERLYING	OR G CAUSE OF	HOUR A.M.	MONTH DAY YEAR					
MEDICAL	21d INJURY OF	CCURRED	21e PLACE O	FINJURY (ATHOME, 21f. L	OCATION				
ME	WHILE -	NOT WHILE		DRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNT	TY	STATE
	AT WORK	AT WORK							
-	220 certify	that I took char	ge of the remains desc	ribed obave, held an Auto	opsy . Inspectio	on . Inquiry X,	and in my opini	ion	
	death resulted	d from: Notu	ral couses	Accident . Suicide	, Homicide .	Undetermined manner	<u> </u>		
1		10-	081	11610	TITLE (SPECIFY)				
1	ACTUAL SIGNATURE	Musi	is My	my 10/10	M.D. Assistar	MEDICAL EXAMINER	DATE SIGNED	4-20-83	101
230.8			000	1			-		
1	EXAMINER'S N	IAME Den	nis F. Smy	+H M.D.	_ADDRESS	Penn Street.	Baltimo	re. Md.	
23a.l	BURIAL CREMAT	- 0011		23c. NAME OF CEMETERY		123d LOCATION			**
	(SPECIFY) Bur	ial	4/23/83	Oak Lawn Cer		Baltimore	COUNTY	aryland	TE
24	FUNERAL DIRECT	COD	Ruck, Inc.	Jour Dawn Ca	250. DATE	REC'D. BY REGISTRAR 25h		SNATURE	VIII.
	NAME 70			undalle MD 31	AP	R 2 5 1983	be I	. Capiel	



1 - STATE

24. FUNERAL DIRECTOR

Brown Thompson F. H. 1913 W. Baltimore St.

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Language had when APR 4 1983 Jung Carried

DHMH - 16 50M 4/8 (VRA 15, 4)

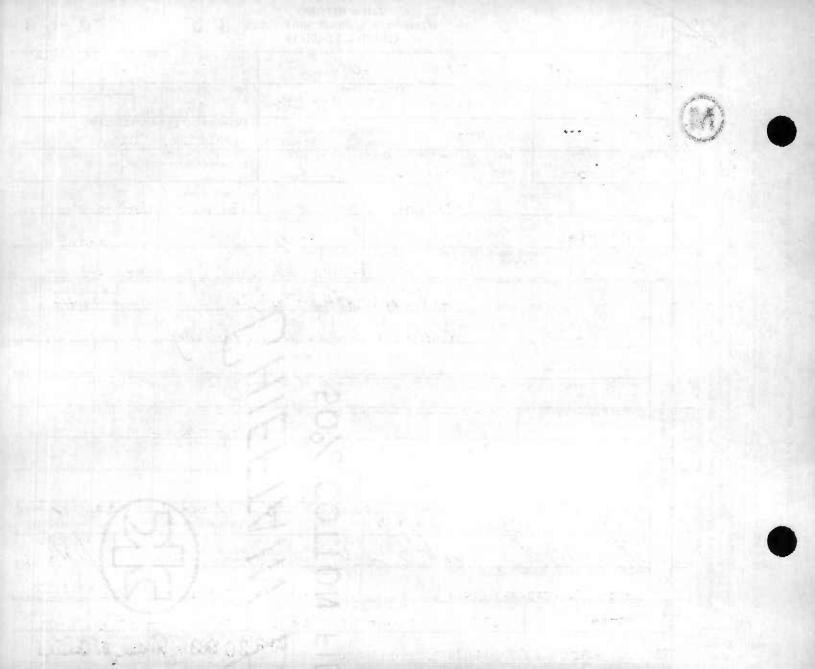
1 -	FOR STATE REGISTRAR	DEPAI		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 0	0 4
	CEASED NAME FIRST	MIDDLE		AST		MONTH DAY YEA	R 26 HOUR
(TYPE	Agnes	75-	Mort:	imer	April 9	1983	04.4
3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1	
	Female	Negro	27	- 18-1901	81		AYS HOURS A
Zai B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 8		9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
	ryland	USA	MARRIE	D NEVER MARRIED DIVORCED	BALTIMO		
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		12a. USUAL OCCUPATI	ON 126, KIN	ND OF BUSINESS
	LTIMORE	JOHNS HOPKIN	S LOSI	PITAL	Laborer Laborer	F WORKING LIFE) INDUS	
134. 5		OR OTHER INSTITUTION, GIVE RESIDENCE BEI		134. INSIDE CITY LIMITS?	130. STREET ADDRESS		
	DO1.	chester BuckI	'own	YES NO	RFD 2 #4	$\frac{14}{}$ - 2161	.3
	ennis	E. Keene		Hattie	WE	Chas	LAST C
	VAS DECEASED EVER IN U.S.		CURITY NO.	17. INFORMANT	ADDRE	ss 21213,	Md.
, ()	YES, NO ORUNKNOWN) (IF YES, O	GIVE WAR OR DATES) 215-16	-8720	Gertrude K	eene 1111	Elwood S	
	18 CALISE OF DEATH (Enter	anly ane cause per line far (a), (b),	and ICL)				ROXIMATE INTERVA
	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a) Cand		errest			minutes
FICATION	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	(c) T CONDITIONS CONTRIBUTING TO THE STATE OF THE STATE			200 AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAU	NDINGS USED
					YES NO L	YES 🗌	NO 🗆
CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	The state of the state of the state of	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	T 2}
3	LIF EITHER, NOTIFY MEDICAL EXAMIN	ZEATH	19				
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn count	Y STA
		spital) attended the deceased fram		5 19 63	to 4/9	19_8	that (I) (we
	saw the deceased alive o	on 4/9 19	83,0	nd that in (my) (our) apinian	deoth accurred on the de	ate and havr and from	the causes state
	22b. SIGNATURE	nat) view the bady after death.		DEGREE			ATE SIGNED
	Du K	adoll	MD.	PHYSICIAN [MEDICAL STAI		19183
	224 PHYSICIAN'S NAME (TYPE			220 ADDRESS	J DIRECTOR ATTISIC	INITE	1100
18.3	Dra	rardoll		Johns +	lopkins H	ospital	
230 B	BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	ortitue	-
23u. E	SPECIFY Burial	236. DATE 23 -83	Chris	t UM Cem	Airey	Dor.	. Mid
24 FI	UNERAL DIRECTOR				E REC'D. BY REGISTRAR		
-		812 Hubbard S	St Clama		R 1 5 1983	(/ , 0	Calinal

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	THE LONG WILL			
The second was a	the to X			San Tarrett
	COLUMN COLUMN		alloid.	SHEDWAY AND
STATE - NO. 2 CHAIN				• 4
				clone's
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pris to become	i garyaztran ust			
		4		
		4		
		4		J. Vic.
		Harana Hobay		
		Harana Hobay		J. Vic.

Dundalk, MD. 21222

7922 Wise Avenue

Anta 1 Norther 1815+ Bowle 10 2 31 52 MAY 3 1333 Jacob Caring



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CEPTIFICATE OF DEATH

ENE 8 3

	0	0	Since	0

REGISTRAR			CERTIFICATE OF DEAT	REG	i. NO.	
1. DECEASED NAME (TYPE OR PRINT)	Tildred 1	Zath	Moxley	20. DATE OF DEATH	4 6 83	26 HO
Female	4 RACE Whit		DATE OF BIR H	6. AGE (IN YEARS LAS)	T BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS
Maryland	U.S	• A •	MARRIED NEVER MARRIE	DALA	YOR COUNTY OF DEATH	
10. CITY OR TOWN OF DE Baltimore	St. A	gnes Hospi		120 USUAL OCCUP (TYPE OF WORK FOR MO Homemak		of Busin
JSUAL RESIDENCE (IF NUR 130 STATE Maryland	13b COUNTY Howard	13c CITY OR TOWN		3311 Rog	ss gers Ave.,Ell.	21043 Cit
14. FATHER'S NAME Ezekiel	MIDDLE	MoxIey	15. MOTHER'S MAIL Cora	W. C. MIDDE	Snyder'	NST.
NO WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	215/50/1		erine Sauter	PRESSIL Rogers Ellicott Cit	Ave.
PART 2 OTHER SIG	ng the DUE TO, (c) (c)		NCE OF EATH BUT NOT RELATED TO TH OPERATION WAS PERFORMED	IE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1 206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USI
00.00.000.00.00.00		OF INJURY A.M. MONTH DA	Y YEAR 21c. HOW INJURY (YES NO	YES INJURY IN ITEM 18 PART 1 OR PART 2)	NO
OR CONTRIBUTING (IF EITHER NOTIFY MED 21d, INJURY OCCUR WHILE NOT WALWORK ALWORK	PRED 21e PLACE (AT HOME, S	P.M. OF INJURY TREET FACTORY OFFICE FA	19 211 LOCATION	CITY O	RTOWN COUNTY	
220.1 certify that (I saw the december of the certification of the certi) (this hospital) attended to sed alive an add) did not) view the book	/	DEGREE ATTENE PHYSIC		TAFF	that (I) e couses s E SIGNED
22d. PHYSICIAN'S N EM 1	LE RM.			ATON AUE	BALTO Z	127
230. BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL 236. DATE 04/09		AME OF CEMETERY OR CREMA	TORY 23d. LOCATION	COUNTY .	
24 FUNERAL DIRECTOR	04/09	/83 St.	. John's Cemete		City, Howard	

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached far use as the buriol-transit permit. Then p with the State Dept. af Heolth and Mental Hygiene prior to bur

TO FUNERAL DIRECTOR: After this certificate has be

attending physicio

The same of the sa To let o feliasci come. The ecolific The state of the s in the state of th emina , it confidences and a confidence of the state of t The summer of the state of the

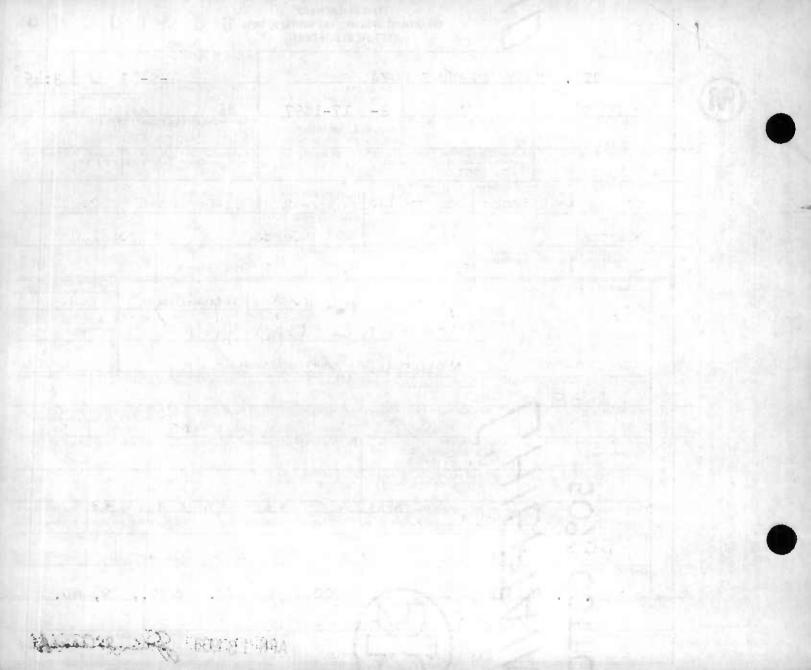
FOR

STATE OF MARYLAND

	1-	STATE REGISTRAR			- Li Hiili	CERTIF	ICATE OF DEATH		REG. NO).			
1		EASED NAME	FIRST		MIDDLE	L.	AST	2	a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUI	R
ı	,,,,,,	STR	. MA	ARY EM	MANUEL I	MOYA.	0.S.P.		11	-9-8	3	3:1	152
1	3. SEX			4 RACE	1	5. DATE C			AGE (IN YEARS LAST BIR	HDAY)	THUNDER I YEAR		24 HRS
J	0.3	Femal	e	Cubi	an	2-	17-1897		86	YRS			100000
Α		THPLACE (STATE OF	OREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	y 9	BALTIMORE CITY O	COUNTY	OF DEATH		
r		Cuba		Cub	a	WIDOWE			Baltimon	e C:	ity		MD
ī	10. CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		20 USUAL OCCUPATION			OF BUSINE	SS OR
		ltimore	1	St. A	gnes Ho	spita	al	1	TIPE OF WORK FOR MOST OF	WORKING [II	INDOSTRI		
	USUA 13a. S1	L RESIDENCE (IF NURS	UL COUN	TY	13c. CITY OR TOW		13d INSIDE CITY LIMIT	rs? 113	Be STREET ADDRESS				
2		MD	Balt	imore	Catonsv	ille	YES NO 🔀		701 Gun F	load	21	228	
1	14 FA1	HER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE		Li	AST	
VIII		Demetrio			Moya		Mode	sta			condik	e	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	TON YIIRI	17 INFORMANT		ADDRE	SS			
		NO OR UNKNOWN)			220-60-	7866	O.S.P. 7	01 (Gun Road				
		18 CAUSE OF DEAT			line for (o), (b), on	d (c)		0	TS BOOK TO		APPRO BETWEEN	NONSET AND	VAL
		PART I. DEATH W		E CAUSE (o)	sene	ve.	bilatera	V 1	Prumo	ma			
		1100			R AS A CONSEQUI	ENCE OF.	h						
		Conditions, if ony,		((b)		gosl	ive he	art	factur	e			
	- 11	gove rise to imm	ig the	DUE TO, O	R AS A CONSEOU	ENCE OF		b					
		underlying couse	lost.	((0)	Neghi	rotic	sync	1000	me				
		PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONE	ITION GIV	EN IN PART 1	101	
	CERTIFICATION	SL	- 6					30.16					
	CA	19a. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FIND FYING CAUSE		
	1								YES NO		ES 🗌	NO []
		OR CONTRIBUTING		21b. TIME O HOUR A.		AY YEAR	21c. HOW INJURY OC	CCURRE	(ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)		
	₹ I	(IF EITHER NOTHY MEDI			M.	19							1.0
	MEDICAL	21d. INJURY OCCUR		218. PLACE	OF INJURY	FARM ETC)	211. LOCATION STREET		CITY OR TO	VN	COUNTY	\$1	TATE
		AT WORK AT WO	RK										
		22a. I certify that (1)			e deceased from_	3 3 1	H 19 2		to April	9	19 83	, that (I) (v	
		sow the decease above, (I) (we) (c	ed olive on , did) (did not	April	ofter death.	2 5 , or	nd that in (my) (our) api	inion de	oth occurred on the do	te and hou	ir and from th	e couses sto	oted
		22b. SIGNATURE	b	11	1		DEGREE	.10	MEDICAL STAF	_	22c. DAT	ESIGNED	
		De	NE	your	W/T		M.S. ATTENDIN	AN	MEDICAL STAF	IAN E			
		226. PHYSICIAN'S N	AME (TYPE O	RPRINT	V		22e ADDRESS						
	n.	DR	B. V	TISTE			900 CA	TON	AVE. BAL	TO.	29	MD.	
		URIAL, CREMATION,		23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		COUNTY	<	TATE
	(3	Rurial		4/14/	83 N	AW C:	+hodral	Com	Baltin	ore	200111	MD	

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
Wm. C. Mar 1101 E. North Ave. March F/H



	FOR	STATE OF MARYLA DEPARTMENT OF HEALTH AND A	10 00	10047
	STATE REGISTRAR	CERTIFICATE OF D		. 0 0 1
1. DECE	ASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
3. SEX	MARY	MRUK 4. RACE IS, DATE OF BIRTH	APRIL 10, 1	983 4:10pm
F	EMALE	WHITE MIN 19"1	900 82	MONTHS DAYS HOURS MIN.
35 m/s	HPLACE (STATE OR FOREIGN UNTRY) ARTIANO		VORCED BALTIMO	ORE CITY MD.
33 B	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IENOT IN SUCH FACILITY GIVE STREET APPRESS)	TITUTION 120. USUAL OCCUPATION	RKING LIFE) 126. KIND OF BUSINESS OR
USUAL 13a. ST/	RESIDENCE (IF NURSING HOME OR ATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE C	ITY LIMITS? 13. STREET ADDRESS	EU1000 AVE 21224
4. FATE	FERS NAME,		MAIDEN NAME HERINE URBAN	JIAK LAST
	S DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 11 MY ORMA	Chine Mruk	Rome
event the	PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c).) DBY: E CAUSE (a) CARDIOPULMONARY AR	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oumotic	4273 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF RULE OU	T SEPSIS	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF HISTORY OF ATRIAL F		
× P	ART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		ON GIVEN IN PART 100
	a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFO	YES NO	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
7 0	TO ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	JURY OCCURRED (ENTER NATURE OF INJURY IN I	TEM 18. PART (OR PART 2)
WEDICAL 2	14. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATIC STREET	ON CITY OF TOWN	COUNTY STATE
0	2a. I certify that (I) (this hospi	APRIL 10 19 83 and that in (my)	83to APRIL 10	nd hour and from the causes stated
E 2	obove, (1) and ididi (did no		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED
Ž Ž	24. PHYSICIAN'S NAME (TYPE O			
222 BIN	XMNKEKXXKAMUX		. BROADWAY BALTIMOR	RE, MARYLAND, 2123
23a. BU	PIAL, CREMATION, REMOVAL	236 DATE 4/83 HOLY NOSA	RY BALTIM	OREOUNTY MED
/82 DUN	IMAND L. KACZ	o Rowsti 2525 FLEET ST	250. DATE REC'D. BY REGISTRAR 2507 APR 1 1 1983	REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

345.6933 CECHNIA DIKUL CETHERIAE WE SHIELD Enrich 4/4/83 Hory hasary Especial

15	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8 3	10	0 4 8
e e e e		CEASED NAME FIRST	ARAH	100	MULLEN	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
f may fr. poge frer de	3. SE	× - OAKAI	4. RACE	5. DATE	OF BIRTH	APRIL 12		ER I YEAR IF UNDER 24 HRS
Pog Pog		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	-3-1902	- PRAITIMORE CITY O	YRS. OR COUNTY OF DE	EATH
de oth.	PE	NNSYLVA NIA	U.S.	A. WIDOV		MITJAC B		ITY - MC
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. C	BALTO.	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF CHEF	OF WORKING LIFE) INC	KIND OF BUSINESS OR DUSTRY
24 hour	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 18 DEOU	ROTHER INSTITUTION GIVE NTY 136.	RESIDENCE BEFORE ADMISSION CITY OR TOWN	13d. INSIDE CITY LIMIT	S? 13e STREET ADDRESS		
od within	14. F/	THER'S NAME FIRST HARRY	MIDDLE	LAST	15. MOTHER'S MAIDEN			LAST
ond cur		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDR		36 22 and ane.
ficate be execu- physician and co papers. Pages naval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line ED BY:				L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath certing programme of the corporation of the cor		5997 IMMEDIA	DUE TO, OR AS	A CONSEQUENCE OF				
the death cert the ottending remains, or re- er traumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the		A CONSEQUENCE OF	CT INFECTI	ON		
red by please		underlying couse lost. PART 2. OTHER SIGNIFICANT	(c) HEI	MORRHAGIC		TERMINAL DISEASE OR CON	DITION CIVEN IN	DART I
require en sign or to bu	NOL	WEIGHT LOSS			<u> </u>			
on. has been it permit. It iene prior	CERTIFICATION	190 DATE OF OPERATION 19		SCOPY HE	MATTIRTA	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES [E FINDINGS USED CAUSES OF DEATH?
G PHYSICIAN: The outending physician er this certificate he she burial-stransit pand Mental Hygien ked ar Item 18 stay.		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF IN. HOUR A.M.			CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
3 PHYSICIAN: Titlending physici er this certificate the burial-transi and Mental Hygi ced or them 18 sh	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		211. LOCATION STREET	CITY OR TO)WN CO	DUNTY STATE
CNDING of ar ar or ar ar use as Health or is mark	1	27s. I certify man il cross botto				83 , to APRIL	12, 19 8	, 11101 (11)
OR ATTER ne hospith DIRECTO oched for Dept. of I	l,	specified description of the property of the description of the specified	w the lody ofter	deofh. 19 8 3	DEGREE	nian death accurred on the d		rom the couses stated 2c. DATE SIGNED
HOSPITAL O ined by the FUNERAL DI vid be detact of the State De ORTANT: #		22d, PHYSICIAN'S NAME (TYPE	(John)	}	220 ADDRESS	N DIRECTOR PHYSIC	CIAN	4-12-83
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: #		DAVID BUSH	M.D.		СН	URCH HOSPIT	AL CORP	ORATION
BP	23a. I	BURIAL, CREMATION, REMOVAL			CEMETERY OF CREMATO	23d. LOCATION	S. M. COUN	NTY STATE .
DHMH - 16 50M 4/82	24.	INERAL DIRECTOR	. חברות		25a	DATE REC'D. BY REGISTRAR		SIGNATURE

PERMIS AND MEDICAL TO A COLUMN Final Series 1888 1888 All Comments

	1. DÉC	REGISTRAR LEASED NAME	FIRST		WIDDLE	XAMINI	LA			I	DATE OF	KNOWN	. NO.	MONTH	DAY	YEAR
			BRIAN		J.			LIGA	N		DEATH	ESTI- MATED		4	7 1	9 83
	a. SEX		te.	Dec. 6,	1957	6. AGE (IN YEAR	MONTHS	DAYS	HOURS	24 HRS.	RONOU DEAL	NCED	M	4	DAY	YEAR 1983
35	FO	RTHPLACE (STATE OR REIGN COUNTRY)		16. CITIZEN OF W	HAT COUN	TRY?	MARRIED WIDOWEI		VER MARRI	ED U		MORE CIT				
4	10. CT	YORTOWNOFDE		11. NAME OF HO (IF NOT IN SUCH F St. Agne	ACILITY, GIVE ST	REET ADDRESS)				120. USU FOR A		PATION RKING LIFE)			OR	D OF BI
35	USUA 13e. Si	L RESIDENCE (IF IN N		OTHER INSTITUTION, G	13c. CITY		13	d INSIDE CI	ITY LIMITS?	13e STRI 34	ET ADDR	ESS Hou	138	Circ	212 cle.	
130	1	THER'S NAME FIRST James	F		ulliga			Chr	R'S MAIDE RST istin	N NAME	,	M.		Drer	ngwi	ast tz
2	(YE	(AS DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARM (IF YES, GIVE W			2-2990		MIS.	Kimb			Kou Ulli			cle,	212
CREMATION, OR REMOVAL	NO	gave rise to cause (a) statin lying cause last PART 2 OTHER SIGNIFICA	g the <u>under</u>	(c)		SEQUENCE O		R CONDITIO	H GIVEN IN PA	RT 1-(a),						
₹ /	CERTIFICATION	190. DATE OF OPER	ATION	19b. COND	ITION FOR V	VHICH OPERA	TION WAS	PERFOR	MED?							UTOPSY
PRIOR TO BU		21a EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		M. MONTH	DAY YEAR	21c. HOV	V INJURY	OCCURRE	D LENTER N	ATURE OF IN	IJURY IN ITE	M 18 PART	T I OR PAR	T 2}	
	MEDICAL	21d. INJURY OCCUP WHILE NO. AT WORK AT V	RRED	2)e. PLACE	OF INJURY CTORY, FARM, ET		21f. LOCA STR				CITY OR TO	NWO		COU	NIY	M
0.1			I took charge	of the remains de	Accident		Autopsy	Hamic TITLE (S		Undet	Inquiry	anner [], =	DATE SIGNE		-7-8
DRE, MARYLAND, 21201 PRIOR 10		ACTUAL SIGNATURE	Dr													
BALTIMORE, MARYLAND, 2	22. 6			M. Dixo) .		DDRESS_	111 F		St.,	Balt	o.,	Md	. 21	201

20M 4/B2

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0.	0 0	3 U
1		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
Ī			EDN	A	L.	MULL:	INIX		4 26	28 6	10 pm
	3 SEX		249	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.
		nale	Let.	white		Ma	y 3,°°1916°°	66	YRS.		
ď.	_ C	RTHPLACE (STATE OR FO	PREIGN		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
-		aryland		USA		WIDOWE		BALTIMO		TY	MD.
1		TY OR TOWN OF DEAT	H	NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET N MEMORIA	ADDRESS)	PTTAL	120. USUAL OCCUPATION OF WORK FOR MOST OF Personne	F WORKING LIFE	INDUSTRY	cht Co.
5	13a. S	AL RESIDENCE (IF NURSIN TATE Md.	COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	(Avenu	34
-	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME . MIDDLE		LAS	51
4	-	Eustace F.		Quay				Murphy		2011	
		VAS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	55		
	no				218 01	7583	family red	cords			IMATE INTERVAL ONSET AND DEATH
		Canditions, if any, gave rise to imme cause (a), stating underlying couse	which	DUE TO, OI	R AS A CONSEQUE	ENCE OF	el intresco	2001			
	NO	PART 2 OTHER SIGN	Dialie	tes Mel	letus,	/	NOT RELATED TO THE TERM	ainal disease or con	DITION GIVE	EN IN PART 10	a.
	TIFICAT	19a DATE OF OPERATI	ON	.196 COND	TION FOR WHICH	OP€RATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES S	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDI	21d. INJURY OCCURRE	IE 🗍	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify tha (1) (sow the deceases abave (1) (we) (di	dolive an	4/	26 19	83, or	4/16, 19 8 and that ir (m) (our) apinian	death occurred an the d	ate and hour		that(i)(we) lost causes stated
		226. SIGNATURE) 1	2 12	My			MEDICAL STA		22c. DATE	27/83
		22d PHYSICIAN'S NA	ME (TYPE O	M DI	ffley		Union M	omorcal Ho	spital	Bull	to Mel
		BURIAL, CREMATION, R	REMOVAL	23k DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

burial
24 FUNERAL DIRECTOR

Funeral Chapel

4/29/83

Parkwood

ADDRESS

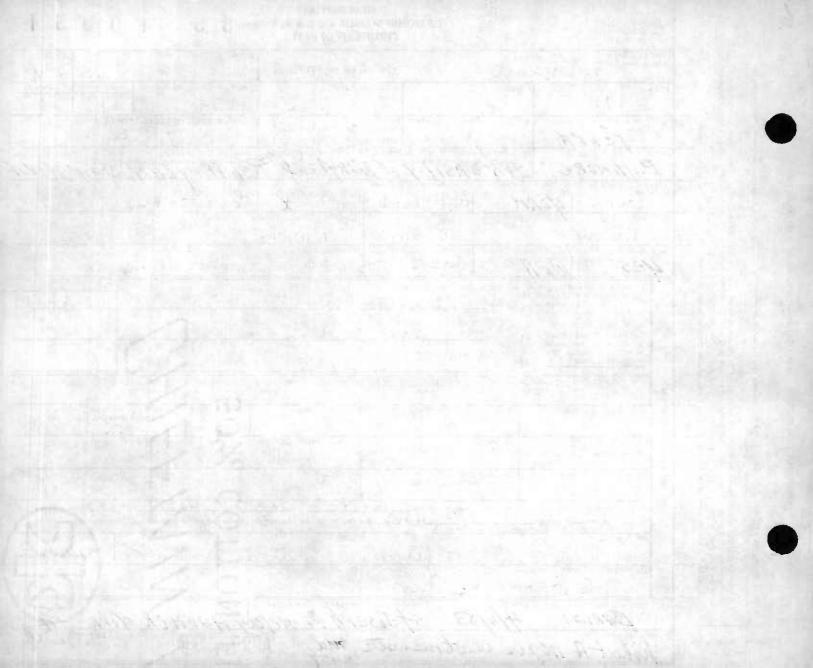
8800 Harford Road

Balto. County,

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

1 2 4 10		NO.	
VIII CHONTSANS			
A distant formation in			
		off a contract	
	Line Library		
	ing ing Alaba es a		

k		1,	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 0 5 1							
		1	REGISTRAR		CERT	FICATE OF DEATH	REG. NO.				
			PECEASED NAME PER OF THE	ARD	WIDDLE	LAST		AY YEAR 2b. HOUR			
noy be poge 3		(1)	PE OR PRINT)	prosper J c minment			4 2 83 9240 M				
		3. 5	EX	4. RACE		OF 8 IRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
ge 4		1	M	e	~9	10 2=	7 55 YRS.	DIVINS DATS HOURS MIN.			
Poge	8/1	7a.	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
death.	2	1	FENNA		15 WIDOV	VED DIVORCED	D. Baltile	MD.			
on softer of sof	- Gife	10.	Baltimore		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY.			
ND 212 24 hour filled in	137	US 130	UAL RESIDENCE (IF NURSING HOME STATE No. CO	OROTHER INSTITUTION	GIVE RESIDENCE OF FORE ADMISSION 136. CITY OR TOWN ABBUTISTOWN	1 13d. INSIDE CITY LIMITS	1 1/ 10 11	das lane			
RYLA rithin	1	74.	FATHER'S NAME	7 1 1		15. MOTHER'S MAIDEN	NAME				
MARYLAND ed within 24 mpletely fille ond 2 should	WO.	1	HARM	WIDDLE	Munimer	MINN	MIDDLE	LOSS			
mi 5 0-	dicol	160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Alo: Va			
TIMORI be exec	a ded		(AES NO OBTINKNOMM) (TE AES	GIVE WAR OR DATES)	162-22-750	of Pt.	BOX142 Mead	ow land, pp			
, BALT ficote E ficote E hysicio	ovol.		18. CAUSE OF DEATH (Enter	only one cause pe	line for (0), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
rtificant	even		PART I. DEATH WAS CAUS	SED 8Y: ATE CAUSE (0)	Cardia	e arrest		2-3 his.			
on the ce	off	Ъ	14275	DUE TO, O	R AS A CONSEQUENCE OF	. / (
PRESTON he death c	roum		Conditions, if any, which	(b)_	uncei	gain					
X of the Service of t	t, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQUENCE OF						
DS, 201 quires 1h signed to hen plea	to burio ijury, or	Z		-	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	N IN PART 110			
L RECORDS. Le low requiion. The been signermit. Therefore the permit.	ows ony ii	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
DIVISION OF VITAL NG PHYSICIAN: The offending physicion offer this certificate has burief-fronting	Mentol Hygiene or Item 18 show	1 2	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA				
SION OF VII PHYSICIAN: ending physis this certifical	Hem 1		OR CONTRIBUTING CAUCE OF C		M. MONTH DAY YEA M. 19						
VISION C G PHYSIC offending ter this cer	Or H	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE			
DIVISI ING PI Affer the	ond	2	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FARM, ETC.)	21KEE1	Citi ox lowie	STATE			
	eolth mo		22a. I certify that (I) (this has	pital) attended th	ne, deceased from 3/a		83, 10 4/2 1	9_83, that (II (we) lost			
ATTEND Sspital or CCTOR: A	of H		sow the deceased alive a above, (I) (we) (did) (did	on	offer death.	ond that in (my) (our) opin	nion death occurred on the date and hour	and from the couses stated			
S A B B	Pept.		22b. SIGNATURE	0		DEGREE		221. DATE SIGNED			
A the state of the	T. H		A STATE OF THE STATE OF	C150	energie m	O PHYSICIAL	MEDICAL STAFF	4/2/83			
HOSPIT.	The St	П	22d. PHYSICIAN'S NAME (TYPE		0	22e ADDRESS		Dell'Organization			
- 0 - 0	MPORT		C 151	MENT	EE ms.						
000009	131	230	BURIAL, CREMATION, REMOVA	AL 236. DATE	236. NAME OF	CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY			
//// /BP			BURIOI	4/6/	83 STJOS	seph ceme	etery HANOVER O	ORK TH			
DHMH - 16 50	M 4/82	24.	FUNERAL DIRECTOR	1	est reenste	1 71/d 250.	PATERICIA BY REGISTRAR 256 REGIST	PAR'S SIGNATURE			
(VRA 15,	4)	L	sured H ma	yers a	LUTTURE	181157	MI II 1000				



John C. Miller Inc. 6415 Belair Rd.

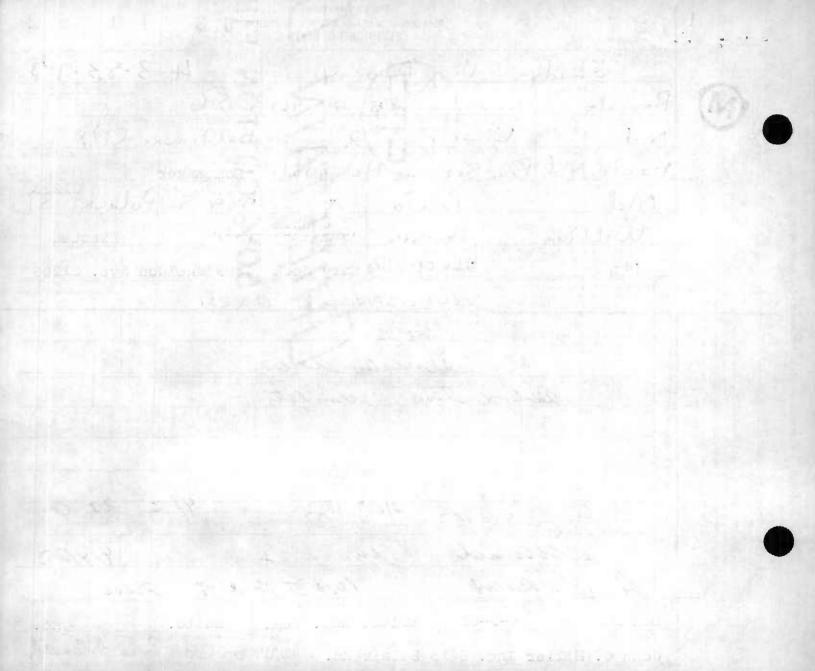
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DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

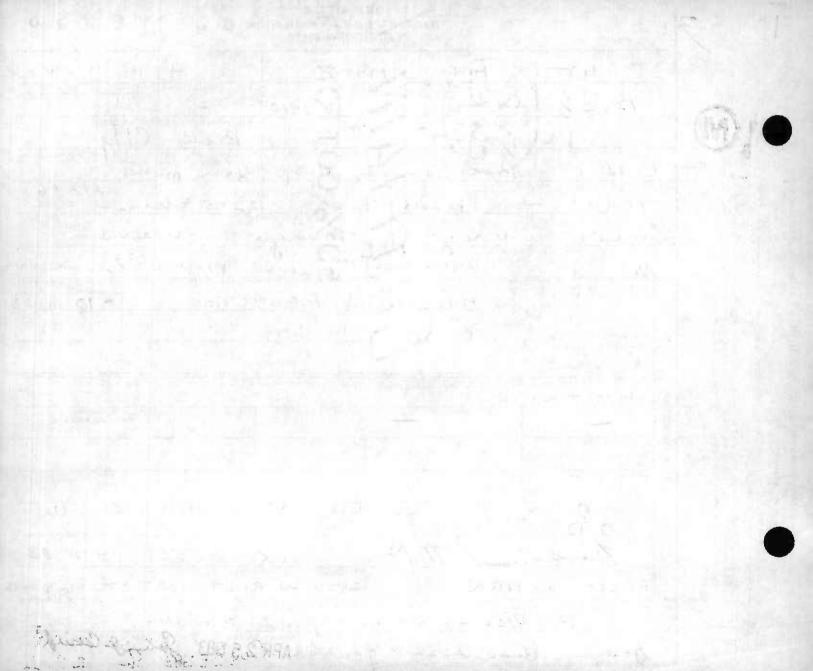
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



	-	V	.00		STATE OF MARYLAND	10	17 17 12 72
	7	1.	FOR - STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 0 5 5
	/		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
1 E-4		{1Ab	OR PRINT!	TE MAE	MYERS	4	18 83 5401
4 mo)		1.56	* Fn /	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
16	100	70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Cuy 16 1910	9 BALTIMORE CITY OR COUNT	TV OF DEATH
4 60	2		Va	NSA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ballo (11/4
4 . 4 . 4 . 4	34	10 C	Balls	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION EET ADDRESS) A A A A A A A A A A A A A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	
2 5 M	25	130.	AL RESIDENCE LIF NURSING HOME CONTAINS 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF		13e. STREET ADDRESS	2/2/6
A THE	-	11.5	THERS NAME	- Bal	YES NO 1	2215 Else	none and
1 10	200	1	2 1001	MIDDLE COAST	FIRST	MIDDER E	the water
1	0	60 \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	A	ADDRESS 0	212
Poppe P	med.			213 - 18	3670 mc alve	- myens	Elsenne o
at contract	27			anly ane cause per line far (a), (b),		- 0	METWEEN CHIEF INTERVAL METWEEN CHIEF AND DEATH
All the comp	1		PART I. DEATH WAS CAUS	ATE CAUSE (a) MYOC	naoint infa	RCTION	~ 10 NOU
5 500	ale.		2500	DUE TO, OR AS A CONSEC			THE RESERVE
ded offe pre box	90		Canditians, if any, which	(16) DIAB		V5	The second second
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and a selection	4	3	OR CONTRIBUTING CAUSE OF DI		19		
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FITA FITA FITA Shot	2 0		22d. PHYSICIAN'S NAME (TYPE	OR PRINTS	22e ADDRESS	DIRECTOR PHYSICIAN	
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DHMH - 16 50M 1 (VRA 15, 4)		29 1	JNERAL DIRECTOR	ADDRES	0 1.00	TE AFC'D. BY REGISTRAR TO REGIS	STRAR SIGNIFIE
(1, 4)			March F.	Kur LLL	- Wy orch aug At	11 20 000	



23b. DATE

4/27/83

Evans Chapel of Chimes 2325 York Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

Dulanev Valley Mem.

20 DATE OF DEATH MONTH

April 23, 1983

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF STATE 22c. DATE SIGNED 23d LOCATION Baltimore County, 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR

2h HOUR

12b. KIND OF BUSINESS OR

LAST

IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

Hester M. Myers

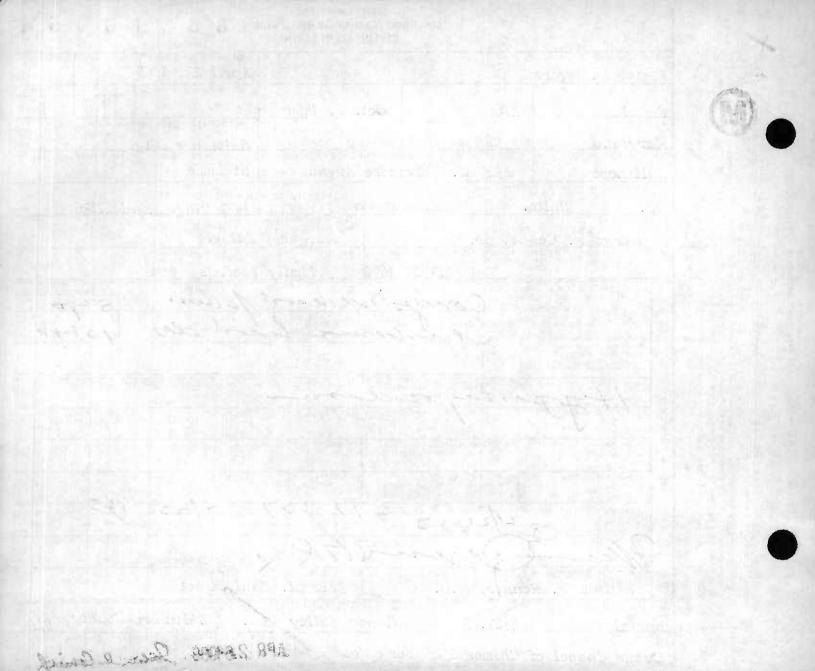
23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

burial 24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)



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DEPARTMENT	OF	HE	AL	H	AND	MENT

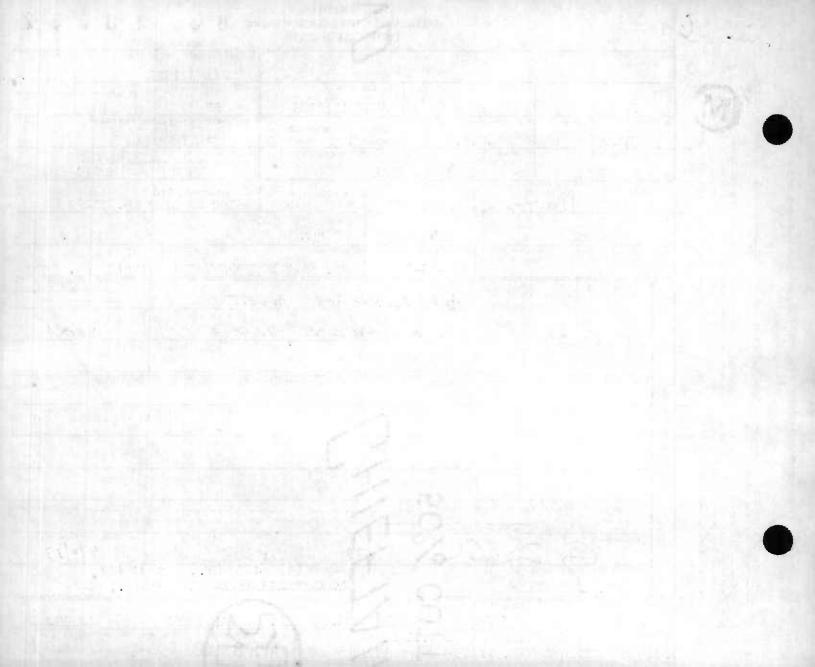
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4	1.	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	o .		
Į.		CEASED NAME	FIRST	MIDDLE			AST		20. DATE OF DEATH	DAY YEAR	2b. HOUR	
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	3 SE	Х	4	4. RACE		5. DATE C	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24 HRS
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21		RTHPLACE (STATE OR F	FOREIGN 7	76. CITIZEN OF WHAT COUNTRY?			D NEVER MARR	IED 🗆	9 BALTIMORE CITY OR COUNTY OF DEA			
		MARYLAND		U.S.	Α.	WIDOWE			BALTIM	ORE	CITY	MD.
16	10. C	ITY OR TOWN OF DEA	ATH 1		OSPITAL, NUR		R OTHER INSTITUT	ION	120. USUAL OCCUPATI			OF BUSINESS OR
Jan		BALTIMOR	E ·		INAI HO			•	OWNER			STORE
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1		NO	(IF TES, GIVE	WAR OR DATES)	116-03	-0375	MRS. MAR	Y HO	NKOFSKY 371	1 PI	NELEA RE). 21208
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7		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)	22e ADDRESS 711			40TH ST., ROOM 400				
1		DR. GA	RY COI			BALTO.			0			
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	00	6010 REISTERSTOWN RD. BALTIMORE, MARYLAND APR 8 1983										

DHMH - 16 50M 4/82

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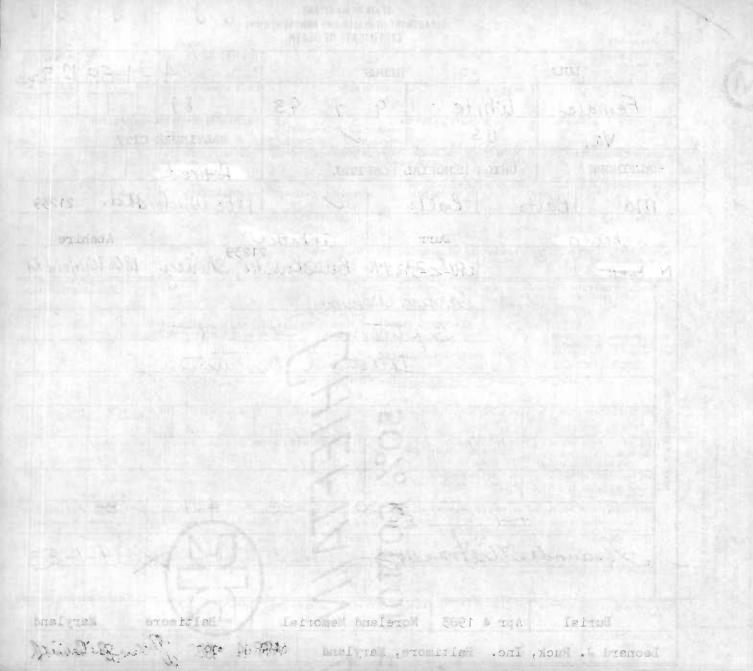
(VRA 15, 4)



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Maryland	217
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STATE OF MARYLAND

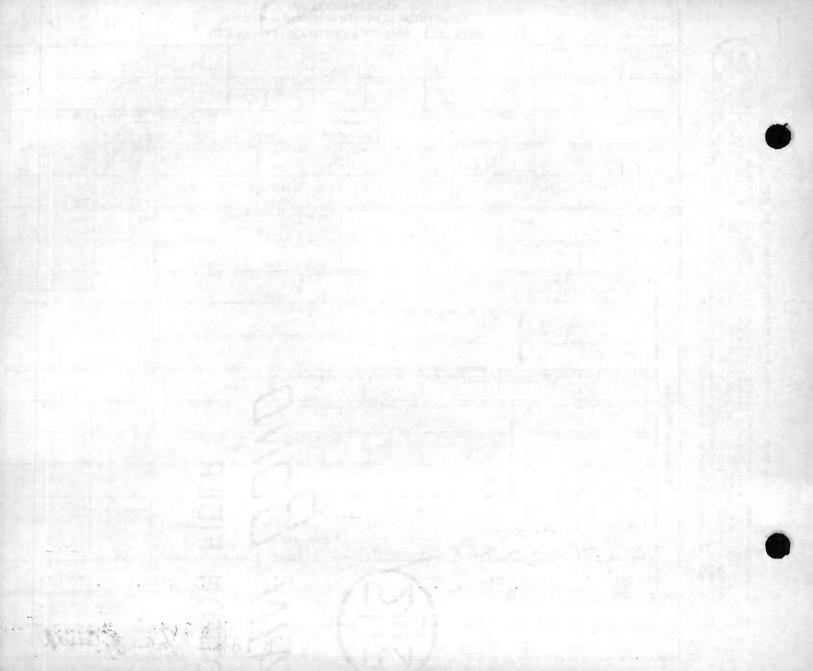


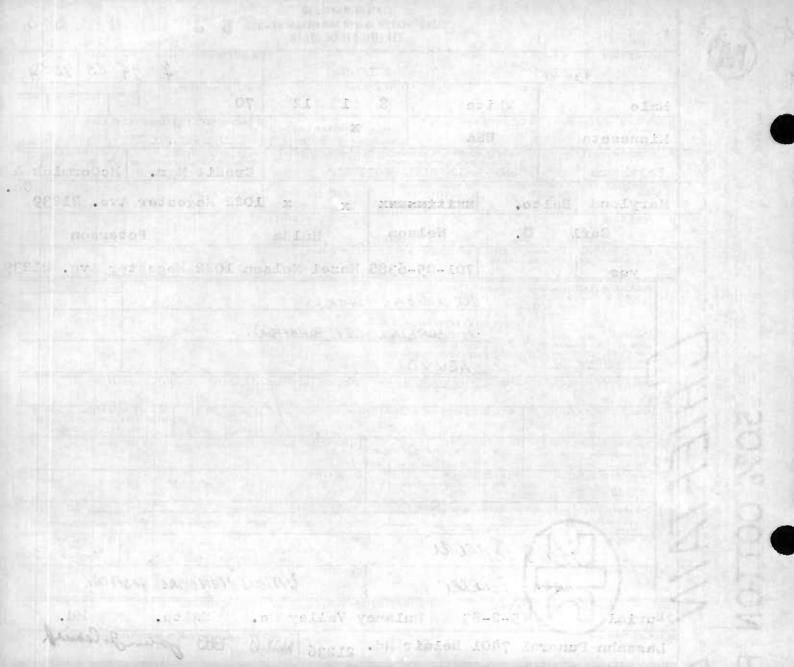
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		MD		5.A.	WIDOW			ore Cit	У	٨
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	Gred			Johnson		Natali 17 INFORMANI			Johnso	on
60.	YES, NO, OR UNK	SED EVER IN U.S. ARME NOWN) (IF YES, GIVE WA	D FORCES? AR OR DATES!	166. SOCIAL SECURIT	Y NO.			DDRESS		
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MEDICAL	214 IN H IP	TING CAUSE OF DE		A. 19 OF INJURY (AT HOME.	21f. LOC	ATION				
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			1/18/83	Mt. Zi	on Co		Baltimo			AD_
24	FUNERAL DIR	ECTOR	ADDRESS	s			C'D. BY REGISTRAR	REGISTRAR'S	SIGNATURE	1
V	Im. C.	March F	/H 110	1 E. Nort	h Av	APR	181983	ound	13 control	-

STATE OF MARYLAND





Sterling Juneral Estate

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15. 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

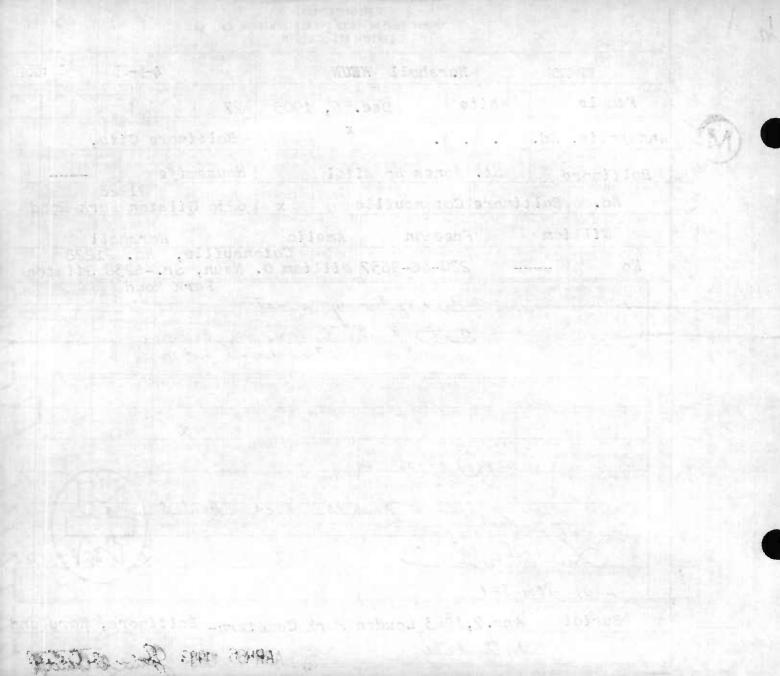
12b. KIND OF BUSINESS OR

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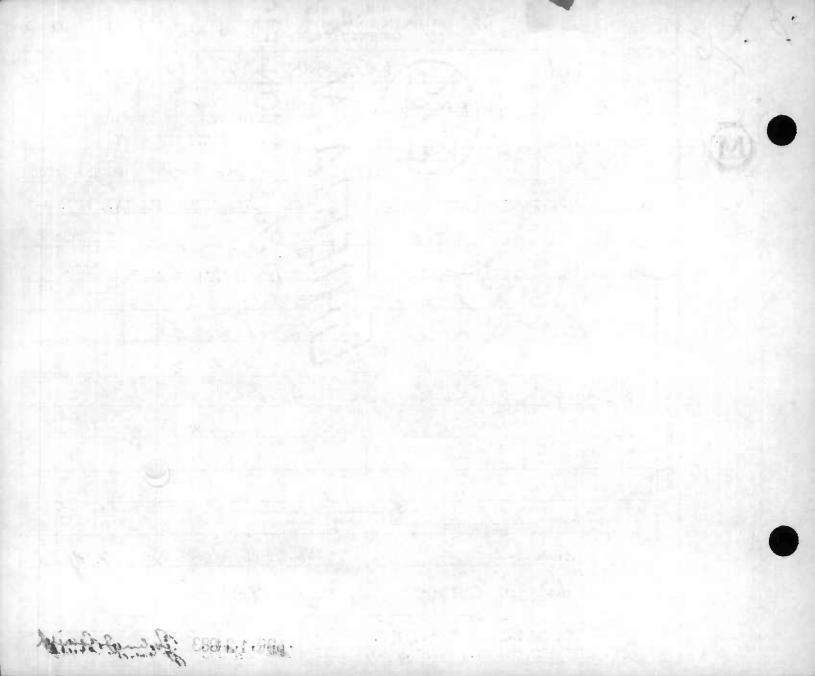
COUNTY

22¢ DATE SIGNED

STATE

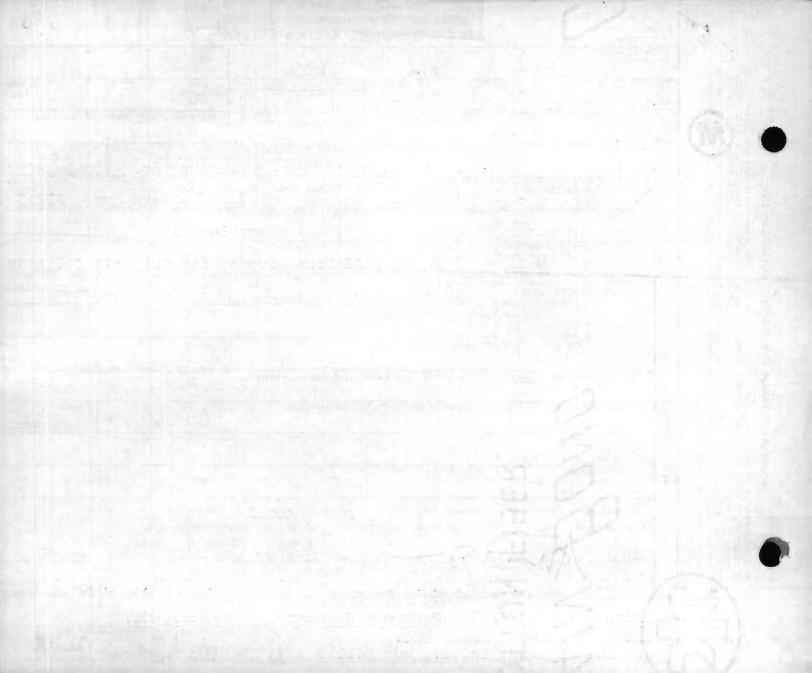


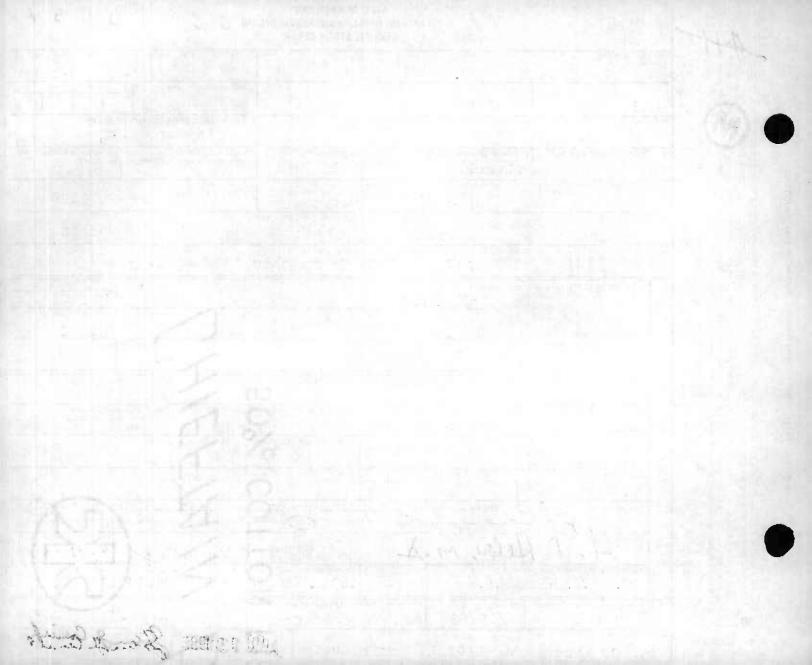
1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 1. DECEASED NAME (TYPE OR PRINT) 3. SEX HITE FEB. 9, 1904 ARRIED NONTH PEB. 9, 1904 BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARRIED NONTH PEB. 9, 1904 PEUNDER LYEAR IF UN NONTH PEB. 9, 1904 PARTIMORE CITY BALTIMORE CITY BALTIMORE CITY NONTH PED. PARTIMORE CITY BALTIMORE CITY ON TOWN OF DEATH ON CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVESTREET ADDRESS) POSTAL W 136 STREET ADDRESS #21208											
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(165, NO ON ONLY (WILES, ONE WAR ON DATES)											
NO 220-01-2035 3700 SEVEN MILE LA., APT. A-3 #21208											
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY											
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1/29 DIETO OP AS A CHAISEQUIENCE OF											
Conditions, if any, which (b) ROOV MOSILizating of Secretion											
gave rise to immediate											
cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
Chronic Illnesiz weatness											
PART 2 OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
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OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY											
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220.1 certify that (1) this haspital) attended the deceased from 14/19 19 23 to 9/19 19 8 that (1)											
above (11) we) (did) (did not) view the Body after death.											
776 SIGNATURE DEGREE 171. DATE SIGNE											
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN											
226 ADDRESS / 9											
Edward Zimmer Sina. Hospital											
30 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION											
BURIAL 4-10-83 BALTIMORE HEBREW BALTIMORE CITY M											
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE CITY M. BALTIMORE SOL LEVINSON & BROS., INC. 250 DATE RECIDENCE CITY M.											



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STATE OF MARYLAND





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· II	tems #18a-22a Film G580 6/17/83 r STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 4 0
× 1	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	103
1	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWNXX MONTH DAY OF ESTI-	YEAR 75. HOUR 2 19 83 M
3. S	LEX 1 RACE S. DATE OF BIRTH LAST BIRTH JANNITHS DAYS HOURS MIN PRONOUNCED DEAD 4 12	
35 70.	BIRTHPLACE (STATEOR TO BE CITY OF WHAT COUNTRY OF FOREIGN COUNTRY WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY OF BALTIMORE CITY OR COUNTRY OR COUNTRY OF BALTIMORE CITY OR COUNTRY OR COUNTRY OF BALTIMORE CITY OR COUNTRY OR COU	DEATH MD.
3910	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	CIND OF BUSINESS OR INDUSTRY
	UAL RESIDENCE (IF IN NURSING HOAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY LIMITS? YES NO 2601 Melinis	west 5
60	MIDDLE NAME (PRST PRST MAIDEN NAME) MIDDLE)	lorse 1
/ 160	WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 14b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS APPRIL APPR	e
	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),:) PART I DEATH WAS CAUSED BY: Asphyxia MMEDIATE CAUSE (a)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20	AUTOPSY? YES XX NO
MEDICALCER		
MED	21d. INJURY OCCURRED WHILE NOT WHILE STREET ACTORY FARM, ETC.) AT WORK AT WORK 216 PLACE OF INJURY (ATHOME. 216 LOCATION 2618ET Ulman Ave. CITY OF BWILTIMOTE COUNTY 2600 Ulman Ave.	Md. STATE
	220 certify that I took charge of the remains described shave, held an Autopsy (X). Inspection (I), Inquiry (I), and in my apinion death resulted from Notural course (I). Assistant (I) Assistant (4-13-83
1 230	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS III Penn Street BURIAL, CREMATION, REMOVAL 236 DATE 238. NAME OF CEMETERY OF CREMATORY 238 LOCATION	
-	FUNERALDIRECTOR BY A 19 13 . ALBUNG 1250. DATE REC'D. BY REGISTRAR'S SIGNAL FUNERALDIRECTOR BY REGISTRAR'S SIGNAL BY REGISTRAR'S SIGNAL FUNERALDIRECTOR BY REGISTRAR'S SIGNAL BY REGIS	STATE
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-57		1. DE	Item 6G Per FORItem 22a f: STATE 22a f: REGISTRAR CEASED NAME FIRST FOR PRINT)	M	IDDLE	LAS	Prince \ Com	REG. NO	MONTH DAY	YEAR 26. HOUR
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ge 4 may ector, pag rs after do		3. SE	MALE	4. RACE BLAC	eK.	5. DATE OF	BIRTH YEAR 17	6. AGE IN YEARS LAST BIR	MONTHS	ER I YEAR IF UNDER 24 I
deoth. Page uneral direct in 72 hours	35	1	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF D	EATH
rs offer o	Part C		BALTIMORE	(IF NOT IN SUCH	THERAN!	DDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST O		KIND OF BUSINESS DUSTRY
within 24 hou	3	13a. :	al residence (# NURS 01 STATE 01 Jaryland		Baltimo	re	34. INSIDE CITY LIMITS?	130. STREET ADDRESS 2930 Moshe	r Street	21216
		N	ATHER'S NAME FIRST	MIDDLE	LAST		5. MOTHER'S MAIDEN NA FIRST N/A	WIDDLE		LAST
oe executed	medica	16a V	VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (18 YES, C YES	RMED FORCES?	166 SOCIAL SECUR		7. INFORMANT Maurice Norw	ADDRE 7000 2818 Cl		enue
uires that the death cer igned by the attenuing en please remave carbo oburial, cremation, or m	ury, or other troumatics	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)	AS A CONSEQUE HTPOXIC AS A CONSEQUE	NCE OF A	MANARY AIN DAMA LATION OT RELATED TO THE TERM		DITION GIVEN IN	4/1/83-4/8 4/1/83-4/8
The low requiron. The low require has been signification to prior to prior to prior to	showsdinkinji	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH (200 AUTOPSY?	IN CERTIFYING YES [E FINDINGS USED CAUSES OF DEATH? NO
ATTENDING PHYSICIAN; The k spiral or attending physicion. SCDRs After this certificate hos of for use as the buriot-transit per to fer the olth and Mental Hygiene.	l is marked or Hemal 8	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has saw the deceased alive a	ATH HOUR A.N. 21e. PLACE O (AT HOME, STRE	A. MONTH DA' A. H DE INJURY ET. FACTORY, OFFICE, FA Beceased from	Y YEAR 19 % 5	FIRE VICT FIRE VICT 211. LOCATION 29 30 MOSITE 19 10 MOSITE	im (BURNI	NG HO	DUNTY 2/2/
R ATTEN haspital RECTOR red for u	13.0		saw the deceased alive a cabave, (I) (we) (did) (did r 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	u o	tter death.	N.	GREE ATTENDED PHYSICAL PROPERTY OF THE PHYSICA	MEDICAL NED BYTAP	SPERTON	21. DATE SIGNED 4 8 8 =
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECT Should be detached with the State Dept.	MPORTAL		BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. LOCATION		

AND THE TALKERS IN THE THE SECOND THE TOTAL PARTY.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. N	0.		
		CEASED NAME OR PRINT)	Clar		A.	Nov	ak			11 28	1983	7:00P M
	3. SE)	emale		4. RACE Cauc.		5. DATE O	DAY	1899	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	0	RTHPLACE (STATE OR COUNTRY)		7b. CITIZEN OF $U_{s}^{\mathcal{L}}$		MARRIEI WIDOWE	D NEVER MAR		9. BALTIMORE CITY O Baltimor	_		MD.
8		ty or town of dea altimore	ATH	(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME O STREET AODRESS) eneral H		NOITI	120. USUAL OCCUPATION OF WORK FOR MOST OF FILE CLE	F WORKING LIFE	1 INDUSTRY	State
5	USUA 130. S	AL RESIDENCE (IF NURSITATE Md.	13b. COUN		13c. CITY OR		13d. INSIDE CITY YES ZON	LIMITS?	130. STREET ADDRESS 111 S. R.	obins		
化	14. FA	THER'S NAME FIRST Martin	ı	MIDOLE		owak	15. MOTHER'S M	Da	WIDOLE			cinska
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO.	Dorot		awodny 32	DUL	timor ino S	e 21224
	7	Conditions, if ony gove rise to immocouse (o), storiunderlying couse	, which mediate ng the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONS Perfor	C Arrest SEQUENCE OF CATE CO SEQUENCE OF	um - Per		tis Inal disease or con	DITION GIVE		inutes
2	CERTIFICATION	19a DATE OF OPERA 4/26/83	TION		Perforated Cecum				200 AUTOPSY?		WERE FINDI	
7	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19			RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2}		
	MED	21d. INJURY OCCUR	HILE	1000	REET, FACTORY, O	PEPICE, FARM, ETC]						STATE
1	Y 150	27a. I certify that (IX(this hospital) pttended the deceased from April 25 , 19 83 , to April 28 , 19 sow the deceased glive on April 28 , 19 83 , and that in (xxy) (our) opinion death occurred on the date and hour or above XII (we) (did XXXXXII) new the body ofter death. 27a. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COMPANY and General Hospital										that (*(we) lost couses stated SIGNED
	23a. E	Edward BURIAL, CREMATION, BUrial			1983		Rosary	MATORY	23d. LOCATION			Md.

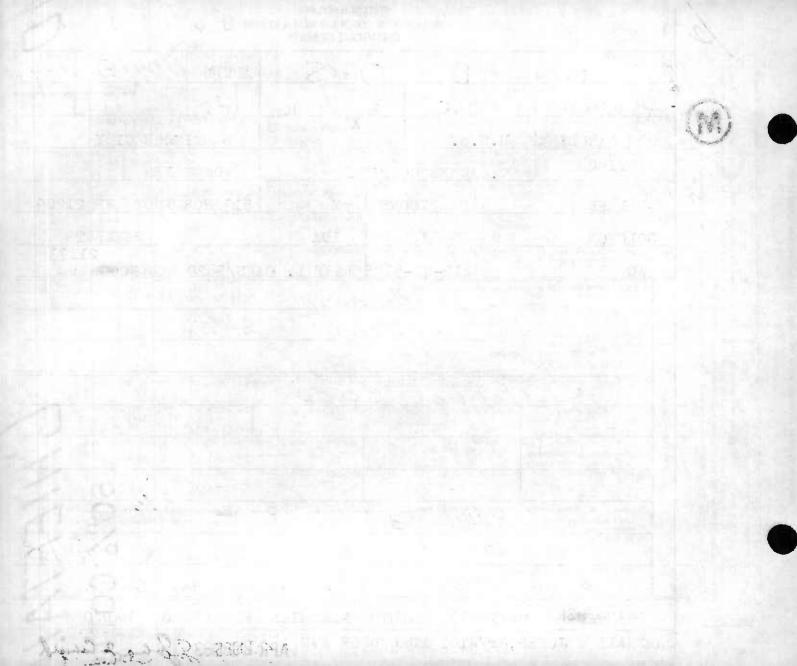
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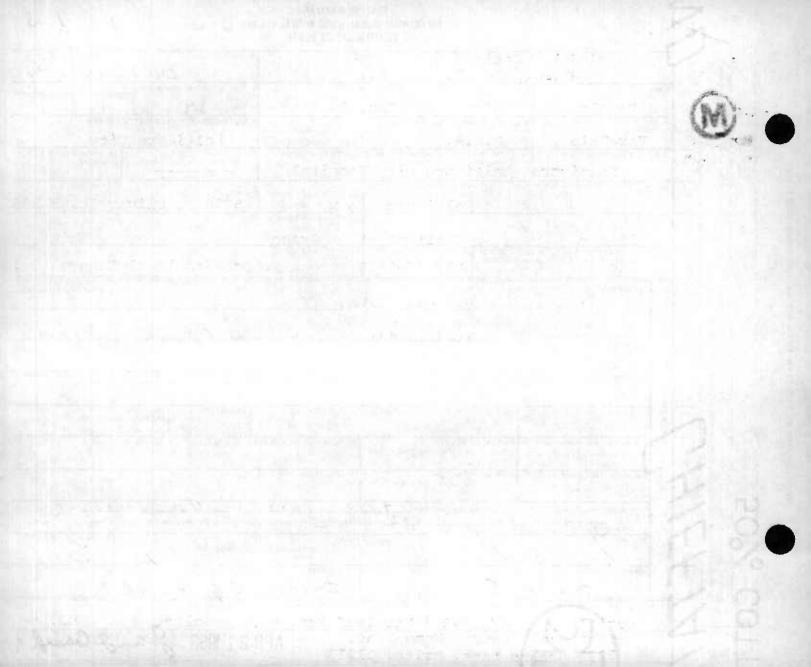
24 FUNERAL DIRECTOR Moran; ADDRESS PADA FI R. le St. Rollimore, Md. 21224

APR 29 1983 Complete
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE





medical aroginer must be notified of once

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

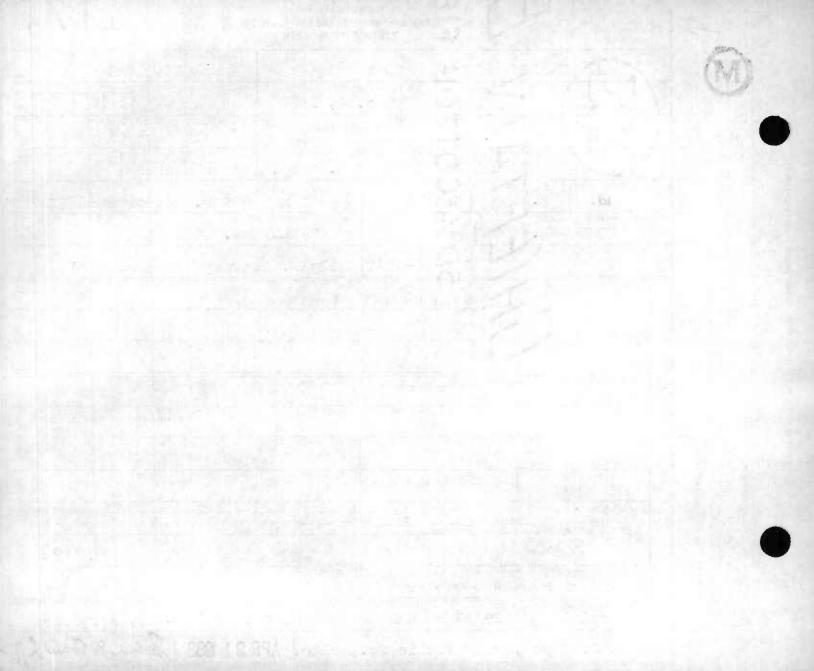
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	L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
		CEASED NAME FIRST SHAF		YNN	ODLE	AST	April 1	6, 198		2b HOUR
	3. SE	Female	4. RACE	hite	5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
35	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY Land		S.	NEVER MARRIED XX	Baltimore city o		MD		
13		Baltimore	south	Baltin	nore (Gen. Hosp.	12g USUAL OCCUPAT (1YPE OF WORK FOR MOST) NEVER WO	DE WORKING LIEE		F BUSINESS OR
35	13a S	Md. A.	A.	Brook	re admission) Lyn	13d. Inside City Limits? Yes \(\text{NO \(\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\text{\texi}\text{\text{\texit{\text{\texi}\text{\texit{\texit{\texi{\texi{\texi{\texit{\texit{\tert{\texi}\texi{\texi{\texi{\texi{\texi{\texit{\texi{\tex{	209 W. M	eadow	Road	(21225
12) FA	JOHN L.	ODLE	LAST		EMILY	K. OGL	_	IAS	1
2		VAS DECEASED EVER IN U.S. AR YES, NO PONTOWN) (IF YES, GIV		166. SOCIAL SEC 220-66-		Emily K. Q	uasney (s		s 13e)
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, OI	R AS A CONSEQUER AS A CONSEQUENTRIBUTING TO	JENCE OF	PLEPTICUS	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	31
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATION	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES (IGS USED OF DEATH?
9	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCUSE OF DEA	21e. PLACE O	M. MONTH D M.	DAY YEAR 19	21¢ HOW INJURY OCCURR		RY IN ITEM 18 PARI	OUNTY	STATE
		270.1 certify that (this haspi sow the deceased alive an abave, (1) (we) (did) (did no 27b. SIGNATURE	, to APRIL death occurred an the d							
1		22d. PHYSICIAN'S NAME (TYPE O	NOUT M	· & ·	M-1	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN [9183
		HARSHAD RA	tmnik i			3001, 50471		57.1	3 ALTIN	1 CRE
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4/20/			METERY OR CREMATORY View Mem. P	23d LOCATION CITY OF LOWN Balti	more,	Mary	land

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

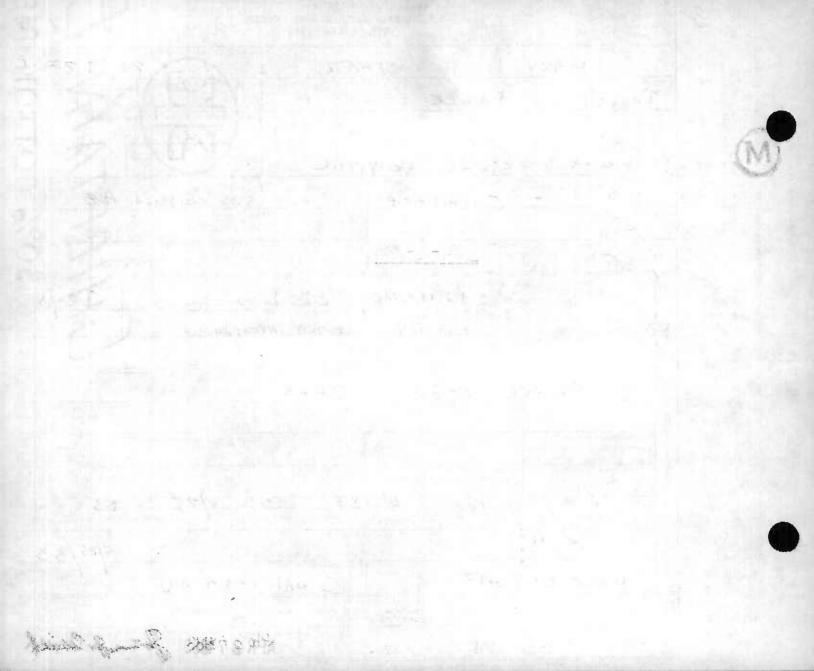
Gearge J. Gonce, 4001 Ritchie Hg., Balto.

BP.



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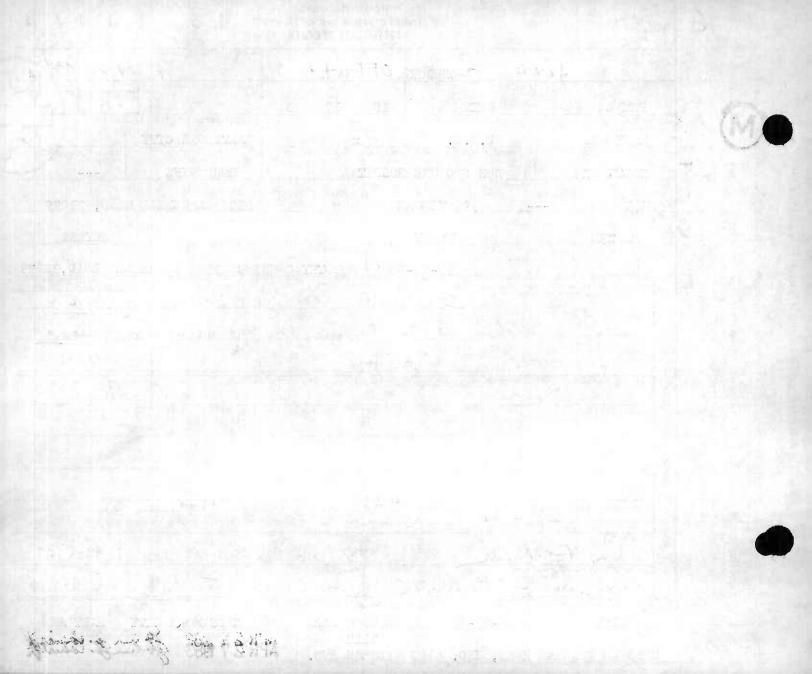
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2		FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	IENE 8 3	. 10	0 7 6
1		CEASED NAME FIRST			AST C	20 DATE OF DEATH	MONTH DAY YEAR	20 HOOK
0	1.58		N RACE	S. DATE O	DF BIRTH	6. AGE (IN YEARS LAST BIRT		701
		Fearrle	Bleech	MONT 9	6 12	70	YRS.	AYS HOURS MIN.
35	1	IRTHPLACE (STATE OF FOREIGN		UNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	Н
11/		aryland ITY OR TOWN OF DEATH	U.S.A.	NURSING HOME		12a USUAL OCCUPATION	1. ON 1125 KIN	MD ND OF BUSINESS OR
4	3	celtimore	SIDAL	VE STREET ADDRESS)	TAC	(TYPE OF WORK FOR MOST OF		
35	13a	AL RESIDENCE (IF NURSING HO)		CE BEFORE ADMISSIONI OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	DECIA AL	21215 E
30	U.F.	ATHER'S NAME FIRST		AST	15. MOTHER'S MAIDEN NA/	WIDDLE		LAST
00	160.	James WAS DECEASED EVER IN U.S		liams	Mary 17 INFORMANT	ADDRE	Woo	xd
1	- 1		S. GIVE WAR OR DATES	0-2602 D	Flora Wilson			ie
ourse, cremation, or y, or other traumatic		Conditions, if any, which gave rise to immediate couse in stating the underlying cause last	e DUE TO, OR AS A COI	NSEQUENCE OF	TEROUS THE	eom bosi's	DITION GIVEN IN PAR	T No.
10	NOL	SE	VERE CO	80	IHHS		ANION GIVEN WY AK	. 110
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	NDINGS USED USES OF DEATH? NO
0	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MON		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
logo /	MEDICAL	d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
21 is ma		220.1 certify the III (Rs. III saw the deceased all above. III we (did it)	operation opposed the gray and	19	83 , 19 8 3 d that in (my) (our) opinion of	eath occurred on the da	19_ 8 3	that (It (we) lost the couses stated
1		27% SIGNATURE	42		ATTENDING PHYSICIAN	MEDICAL STAF	F > 16/1	TE SIGNED
APORTAN		22d. PHYSICIAN STVAME (T	SU PLOTPE		Sin Ai	HOSPITA	1	100
	23a E	BURIAL, CREMATION, REMO	23b. DATE 4/29/83		EMETERY OR CREMATORY III Cemetery	Glenburni	e county	Md STATE
1 1/B1 4)		NAME C March F/H	Inc. 1101 E N	orth Ave.	25a. DATE	PR 2 7 1983	56 REOSTRAR'S SIGN	2 Canief



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9	- Pri	1-	STATE REGISTRAR			DEF		FICATE OF DEATH		REG. NO.		0 0	
	(25)			FIRST		MIDDLE		LAST	2a C		ONTH DA	Y YEAR	2b. HOUR
	4 1941	(TYPE	OR PRINT)	OHN	PA	RTIC	< O'F	ERRALL		0	4 16	83	5:51PM
		3. SE	X	4.	RACE			OF BIRTH		E (IN YEARS LAST BIRTH	DAY) (F	UNDER I YEAR	IF UNDER 24 HRS
	ector ars of		Male	- 30	White	9		1, 1922		60	YRS.		
	7 % 2 hod		RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8. MARR	ED NEVER MARRIED	9 BA	LTIMORE CITY OR	COUNTY	OF DEATH	
	deod deod		Maryland	. 11	US		WIDOV	OR OTHER INSTITUTION		Baltimore USUAL OCCUPATIO			MD. DF BUSINESS OR
201	by the filed will	E	Baltimore		Unior	n Men	norial	Hospital		Attorney	WORKING LIFE)	INDUSTRY	
AND 21	filled in nauld be	13a. S	AL RESIDENCE (IF NURSING STATE 13 Maryland	B COUNTY	MER INSTITUTION	13c. CITY OR	TOWN	13d. INSIDE CITY LIMIT	5	STREET ADDRESS	Charle	es St	21210
RYL	arthin miles	14. FA	ATHER'S NAME FIRST	MIC	DDLE	LAS	т	15 MOTHER'S MAIDER	NAME	MIDDLE		LA	ST
W.	omplomed in the	1	Alfred			erral	_	Mary		G.		Ferr	all
ORE	edice			IF YES, GIVE W	VAR OR DATES)		SECURITY NO	17 INFORMANT		ADDRES			
ILTIN	e be ers. P		Yes 18 CAUSE OF DEATH	WW		-		Mrs. Agr	nes E	o Ferr	raii,		MATE INTERVAL ONSET AND DEATH
STON ST., B.	death certifica titending phys vec carbon pap ian, ar removo		PART I. DEATH WAS	CAUSEĎ I MEDIATE (BY: CAUSE (a)	Myor		infarct	Lion			5(144)	ONSET RING PLANT
OI W. PRE	that the a		gave rise to immed cause (a), stating underlying cause	the	DUE TO, O	R AS A CONS	SEQUENCE OF						
RDS, 2	equires The ingine or to bur injury, i	NOI	PART 2. OTHER SIGNIF	ICANT CO	nditions <u>c</u>	ONTRIBUTING	G TO DEATH B	T NOT RELATED TO THE	TERMINAL			Det.	
IL RECO	be low out.	CERTIFICATION	190 DATE OF OPERATIO)N	196 COND	ITION FOR W	HICH OPERAT	ON WAS PERFORMED	20 YE	a AUTOPSY?	20b. IF YES, Y IN CERTIFYI YES		NGS USED S OF DEATH?
OF VITA	Clan I		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH			DAY YEA	21c HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	TI OR PART 2)	
DIVISION OF	otterdin ster this of the buck had on the	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, O	IFFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
٥	prior or prior or 21 is mo		22a.1 certify that (1)(1) saw the deceased abave, (1) (we) (did		1 11 . 4	4 1/ 300 - 3		and that in (my) (Vir)op		accurred on the date	,		that (1) we past
-3	At 0 r the house At DIREC defacthed are Dept. IT, if hem		22b. SIGNATURE	in H.	1 - N	m, n	. 4	DEGREE ATTENDIO PHYSICIA		DICAL STAFF		22c. DATE	SIGNED .
	FUNER IN SECOND		22d. PHYSICIAN'S NAM					22e ADDRESS	. 5 34		THE S		
	HO H		Brian H.			D.				ial Hospi	tal, I	Balto.	, MD
		23a. 1	BURIAL, CREMATION, RE (SPECIFY) Bu ri al	MOVAL	23b. DATE	100		CEMETERY OR CREMAT	ORY 23	d. LOCATION CITY OR TOWN	1 / -	COUNTY	STATE
	BP	_			4/19/			ey Valley	a DATE PEC	Balto. (County		MD
	DHMH - 16 50M 4/B2 (VRA 15, 4)		005 York R					ns Co.	APR	1 8 1983	Joan	ug.	Comich
		45	JOS TOTA R	Jau	Darro	· • · · (V)		SIZ		- 3 2000	U =		



HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE



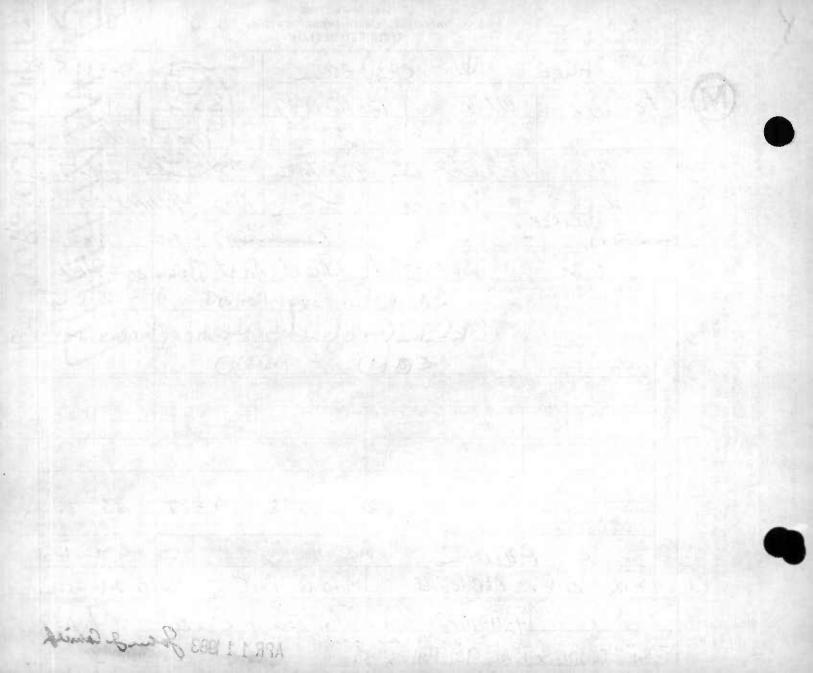
FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



20M 4/82

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STATE OF MARYLAND

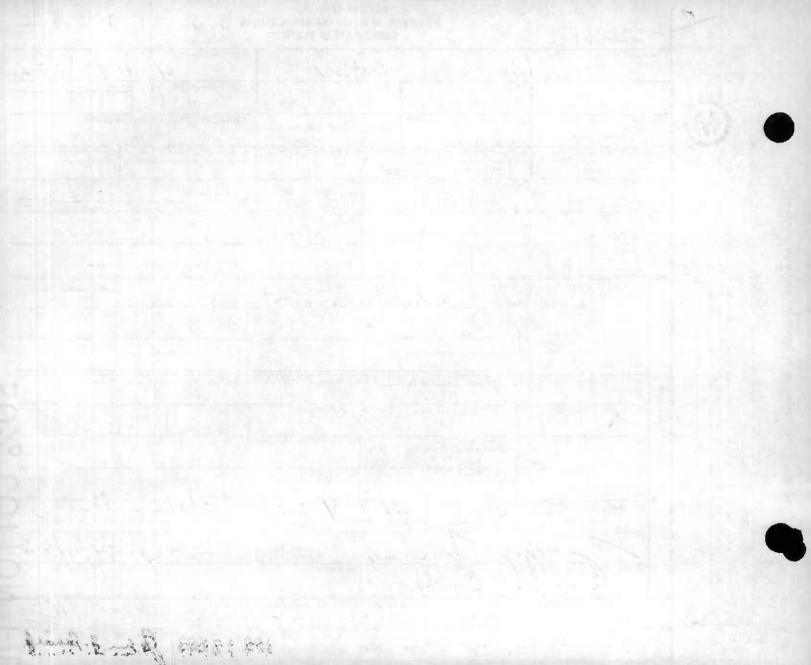
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-						REG. N	0.		
	DECEASED NAME FIRST	H.	4 004	SIII EIN A	2	DATE OF DEATH	MONTH	DAY YEAR	240 p
-	ANNA		OFFC	NHEIN			T 4	000	/
13.	FEMALE	HITE	5. DATE O		8 6.	AGE (IN YEARS LAST BII		MONIHS DAYS	HOURS MIN
70	COUNTRY	CITIZEN OF WHAT COUNTRY?	8		9	BALTIMORE CITY		OF DEATH	
	RUSSIA	US	WIDOWE	NEVER MARRI	ED 🔲	BACTIMO	ne e	CITY	A
10	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		R OTHER INSTITUTE		TO USUAL OCCUPAT	ION DE WORKING LIE		F BUSINESS O
1	BALTIMORE	SINAL HOSPITAL				BUYER			T CO.
13	UAL RESIDENCE (IF NURSING HOME OR O		APMISSION)	13d INSIDE CITY LIA	WITS2/113	6317ADBAR	HTS.	AVE.	#21215
	MD BAX	AND ANDESSAY	XXX	YES XX NO		TXXXXXXXX	CXXXXX	ANUEXXXX	V248
1	FATHER'S NAME FIRST M	IDOLE LAST		15. MOTHER'S MAIL FIRST	DEN NAME	WIDDLE	- AND CALL	LAS	T A A A A A A
4	ELLIS	LEVI		ES'	THER			FINE	
16	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECU WAR OR DATES)	IRITY NO.	DR ERNE	ST LE	VI 2804 V	HITNE	Y AVE.	#2121.
L	NO.	213-09-4	562A	KKENNEXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5XXXXXX	XXXXXXXXX	RXXXXX
200		1/0	ence of chester	ony of	emor emor ary he termin,	arteny dis	COSC DITION GIV	J2 Z	tays
MOLTADISTOR	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOPSY? YES NO	20h. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
		21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	ART (OR PART ?)	
IA DIGGIN	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	718 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
	220 I certify that (I) (this hospita	il) attended the deceosed fram_				, to		19	that (I) (we) la
	saw the deceased alive an above, (I) (we) (did) (did nat)	view the hady after death	, and	d that in (my) (aur)	apınian dec	oth occurred an the d	ate and have	r and from the	causes stated
-	27b. SIGN	Janzel	/	ATTENI PHYSIC		MEDICAL STA DIRECTOR PHYSIC		120. DATE	SIGNED 26/83
	Her	IN Somise	/	Sinni Has	nital.	2401 W-R.	ladous	Roll	M/ 2/2
23	BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 23c N	NAME OF CE	METERY OR CREM		23d LOCATION B'ALTIMO	DRE	COUNTY MAR	YLAND
24	FUNERAL DIRECTOR SOL LE	VINSON & BROS.	INC.		25a DATER	EC'D. BY REGISTRAR	25b ADGIST	RAR'S SIGNATI	URE
	6010 REISTERSTOWN				APR	29 1983	doa	mg. a	miles

DHMH - 16 50M 1/B1 (VRA 15, 4)

ANNA DIRENTE STOP Figure 3 8 15 78 Line 7 Me Levin Chief District Colors Hay tonk A tracking to the Charles Responsible to the state of the Partie of the state of the stat Proposition conversely attrap decides there years are made on the CHIMON THE END OF SHOW HAVE AND A CHANGE OF MELTERS

	1	FOR STATE REGISTRAR		DEPARTMENT OF CERTIF	HEALTH AND MENTAL HY	REG. NO	
1 75		CEASED NAME FIRST (The o	fore) Thedo	Α.	ttla.w	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
6 0 0 m	3. SE		4. RACE		OF BIRTH	6. AGE IN YEARS LAST BIRT	
		Male	Black	4	10 13	70	YRS. HOURS
1 Win	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76. CITIZEN OF WHAT C	MARRII	ED DIVORCED D	Baltimore CITY o	
Marie and Marie		altimore		L, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSINES
filled in ould be to		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENTY 13c. C1T	PENCE BEFORE ADMISSIONS YOR TOWN Limore	13d. INSIDE CITY LIMITS? YES \ NO \	130. STREET ADDRESS 1824 W. La	nvale Street 212
mpletely and 2 sh	JA F	ATHER'S NAME FIRST Joseph	MIDDLE P. C	outlaw	15 MOTHER'S MAIDEN NA Eliza	AME	McCov
ond col	16a \	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRE	
n ond Poges		yes, no or unknown) 11f yes, g	217	-01-8785	Icelean Jon	es 405 Norma	ndy Avenue APPROXIMATE INTERV BETWEEN ONSE! AND D
requires that een signed by it. Then please ior to buriol, cr	CERTIFICATION	Underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION		275	T NOT RELATED TO THE TER/	MINAL DISEASE OR CONL	DITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
low s b							
he hos	T E				1	YES NO	YES NO
CIAN: The le g physicion. errificote hos iol-tronsit per ntol Hygiene em 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE	AIR	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUP		
HYSICIAN: The la riding physicion. iis certificate hos. buriol-tronsit per I Memol Hygiene or Hem 18 shows	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR 19 RY	211. HOW INJURY OCCUP		Y IN ITEM 18 PART 1 OR PART 2)
PHYSICIAN: The It ending physicion. this certificore hos he buriol-tronsit per and Mentol Hygiene dor Item 18 shows		OR CONTRIBUTING CAUSE OF DE JIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MC P.M. 21e. PLACE OF INJU LAT HOME, STREET, FACTO	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.) sed from	211 LOCATION STREET	RRED (ENTER NATURE OF INJUR	VINITEM 18 PART LORPART 2) WN COUNTY ST The ond hour and from the couses sta
to RattenDing PHYSICIAN: The Is the hospital or offending physicion. Lidital of the certificate has tracked for use as the buriol-transit per edept, of Health and Mental Hygiene edept, of Health and Mental Hygiene if it is marked or them 18 shows if it is marked or them 18 shows		OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (bis hosp saw the deceosed dive o above, (I) (we) (did) (did n Th. Sign at 196	HOUR A.M. MC P.M. 21e. PLACE OF INJU LAT HOME, STREET, FACTO	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.) sed from	TIL LOCATION STREET and that in (my) Court opinion DEGREE ATTENDING PHYSICIAN	RRED (ENTER NATURE OF INJUR	VINITEM 18 PART L OR PART 2) WN COUNTY ST. 19 , that (1) we tee and hour and from the couses state of the couse state of the
by the hospital or attending physicion. By the hospital or attending physicion. ERAL DIRECTOR. After this certificate has eletached for use as the buriol-transit per eletached for use as the buriol-transit per State Dept. of Health and Mental Hygiene ANT: If them 21 is marked or them 18 shows		OR CONTRIBUTING CAUSE OF DE INFEITMER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (Lis hose saw the deceosed alive o above, (I) (we) (did) (did n	HOUR A.M. MC P.M. 21e. PLACE OF INJU LAT HOME, STREET, FACTO	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.) sed from ath 19 7	211 LOCATION STREET and that in (my) Our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	CITY OR TO	VINITEM 18 PART L OR PART 2) WN COUNTY ST. 19 , that (1) we tee and hour and from the couses state of the couse state of the
AL OR ATTENDING PHYSICIAN: The Is the hospitol or ottending physicion. AL DIRECTOR, After this certificate hos seroched for use as the buriol-transit per site Dept. of Health and Mental Hygiene TI: If hem 21 is marked or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (bis hosp saw the deceosed dive o above, (I) (we) (did) (did n Th. Sign at 196	ATH P.M. 21e, PLACE OF INJULAT HOME, STREET, FACTO 1101) oftended the decent	RY ONTH DAY YEAR 19 RY Seed from OTH 19 23(NAME OF	TIL LOCATION STREET and that in (my) Court opinion DEGREE ATTENDING PHYSICIAN	RRED (ENTER NATURE OF INJUR CITY OR TO deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	VINITEM 18 PART L OR PART 2) WN COUNTY ST. 19 , that (1) we tee and hour and from the couses state of the couse state of the



11		CEASED NAME FIRST	M	IDDLE	į.	AST		2a. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
0.0		Blanc	he		Pa	labon			4 20	83	
1	3. SE	x	4. RACE		S. DATE C			6. AGE (IN YEARS LAST BI		FUNDER 1 YEAR	IF UNDER 24 H
10 11		Female	B1 a	ack	MONTH 3	1 9	06	77	YRS.		WOOMS IN
2 80		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER M	APPIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
30		laryland	U.S.	Α.	WIDOWE	DIV DIV	ORCED	Baltimo	re Ci	ty,	
9	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSII	NG HOME C	R OTHER INST	NOITUTI	120. USUAL OCCUPAT			OF BUSINESS
100	J	Baltimore		Riggs A		2		(The or Work Formor			
30		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		THE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS			
RO	1	Maryland		Baltim			NO 🗌	2729 Ri	ggs Av	Je.	21216
-	14. F.	ATHER'S NAME	WIDDIE	LAST			MAIDEN NAM	NE MIDDLE		LA"	ST
300	1	William		Fowle	r	Ad	die			Ste	pney
Jen 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC		17. INFORMA		ADDR			
11		NO		220-14	-7762	Eust	aguio	Palabon	2729 F		
10 4		18 CAUSE OF DEATH (Enter o	nly one couse per l	line for (a), (b), ar	nd (c .)					BETWEEN	ONSET AND DEAT
		PART I. DEATH WAS CAUS	ED BY: .TE CAUSE (a)	Brai	in to	umpr	-			18	mos
or or atic		2314		AS A CONSEQU	IENCE OF						
on, um		Canditians, if any, which	(b)_	AS A CONSECU	LINEE OI						
mot r fro		gave rise to immediate cause (a), stating the		AS A CONSEQU	IENCE OF					1 23 3	
ar athe		underlying couse lost.	(c)_	AS A CONSECU	LINCE OF						
y, ar		PART 2. OTHER SIGNIFICANT		NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART I	0,
1 10	CERTIFICATION	J7 34									
prio	13	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?		WERE FINDI	
lows								YES NO Z	YES		NO 🗌
Hygin 18 sh	Ü	218. ACCIDENT WAS UNDERLYING	110110 4 4	NONTH D	AY YEAR	21c. HOW INJ	JURY OCCURRI	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)	
burial-tr Mental or Item	S	OR CONTRIBUTING CAUSE OF DE	ALC:		19	10.2					
_ 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	FINJURY ET, FACTORY, OFFICE.	EADA ETC I	211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
of Health and 21 is marked	2	AT WORK NOT WHILE AT WORK	TAT HOME, SINCE	ET, FACTORT, OFFICE.	TARM, ETC }						
ealth ma		22a.1 certify that (1) (this hasp	ital) attended the	deceased fram.	3/1	4/82	, 19	_, to4	113/83	9	that (I) (we) !
21 i	1	saw the deceased alive a abave, (I) (we) (did) (did n	n 4 13	fter death	, 01	nd that in (my) ((aur) apinian d	eath accurred on the c	date and hour	and from the	causes stated
Dept.	1	226. SIGNATURE	or new the body o	mer dedin.		DEGREE				22c. DATE	SIGNED
te D		Pillmid M	Wern	nans	M	D A	TTENDING PHYSICIAN	MEDICAL STA	CIAN	4/2	1/83
State ANT:	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	VWVVV		22e ADDRESS	1000	22010.1		1.1	
with the State IMPORTANT: II		Richard	d 11/2 ic	man		100	N/ Bru	adway	1301	to :	2/2 3
8 3 W	73n	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR C	REMATORY	123d. LOCATION	1001	7.0	
		SBURIAL	4/25			tus ME		Arbutu	S	COUNTY	Md.
									-		riu

Wm C March F/H Inc. 110 TE North Ave

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼

REG. NO.

2b. HOUR

126 KIND OF BUSINESS OR

Riggs Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

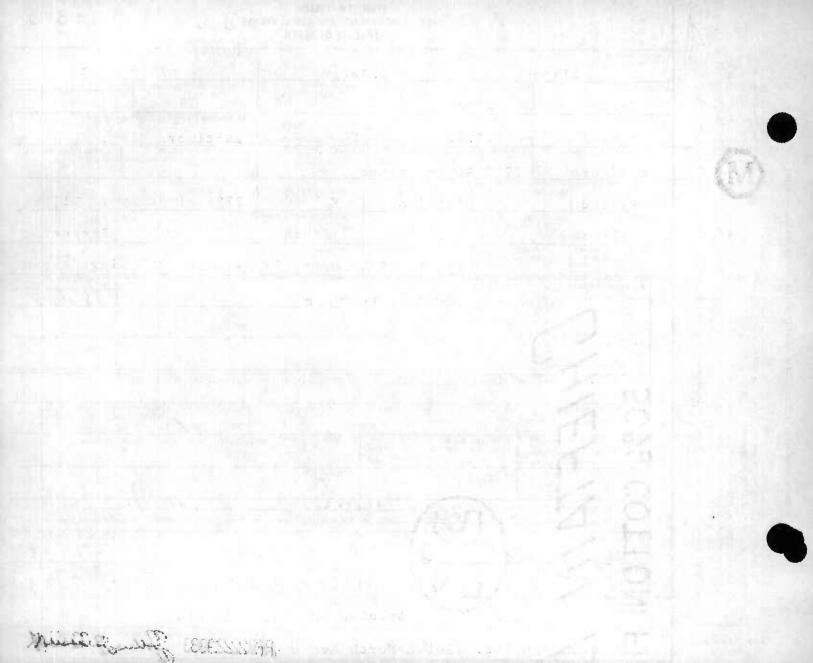
_, that (I) (we) last

Md.

250. DATE REC'D. BY REGISTRAR 256 TOGISTRAR'S SIGNADIRE

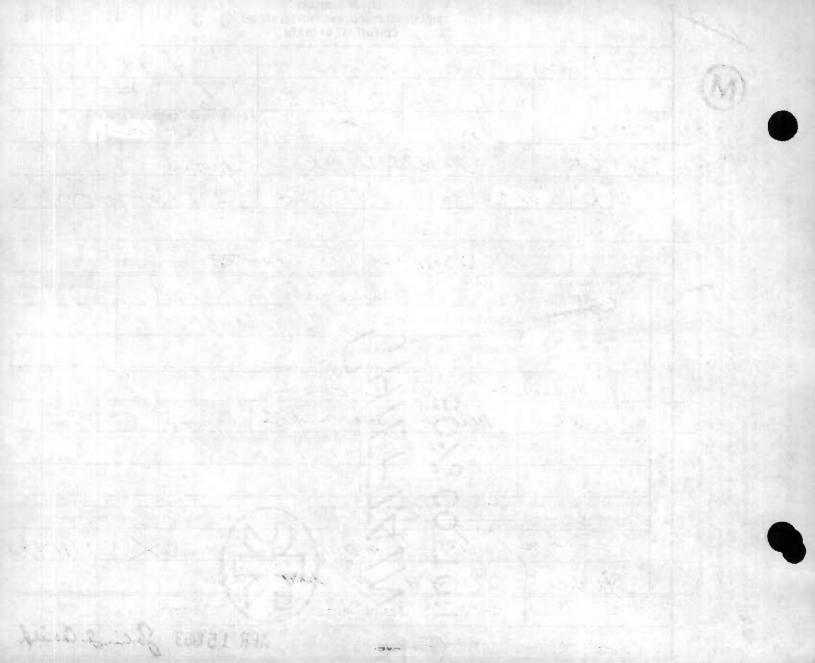
APR 221983

IF UNDER 24 HRS



Wm C March F/H Inc. 1101 E North Avenue

(VRA 15, 4)



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BP (VRA 15, 4) FOR

- STATE

REGISTRAR

Burial 4/11/83 King Memorial Pk. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Wm. A. March F/H 1101 E. North Ave.

REG. NO

2b. HOUF

12b. KIND OF BUSINESS OR

21207

NO [

STATE

IF UNDER 1 YEAR

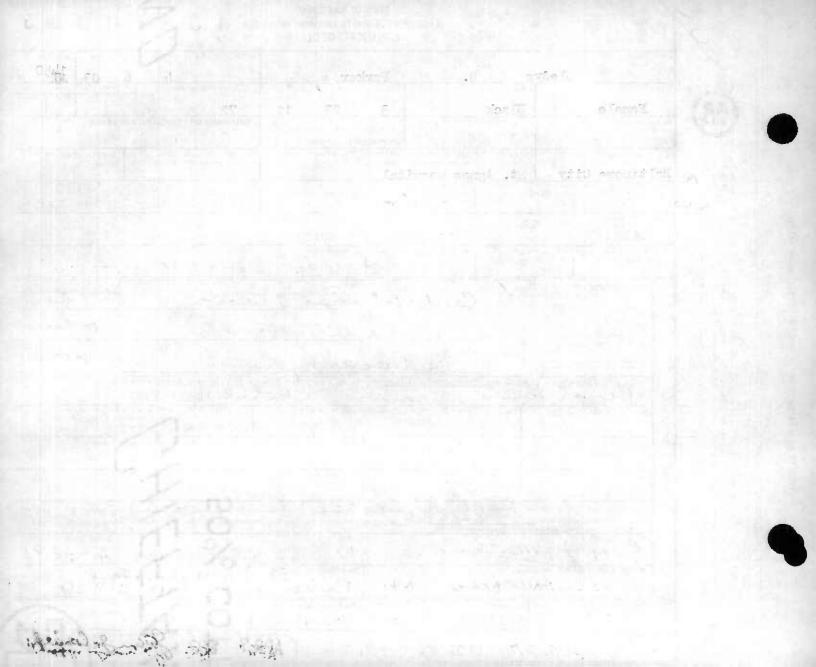
INDUSTRY

Maine

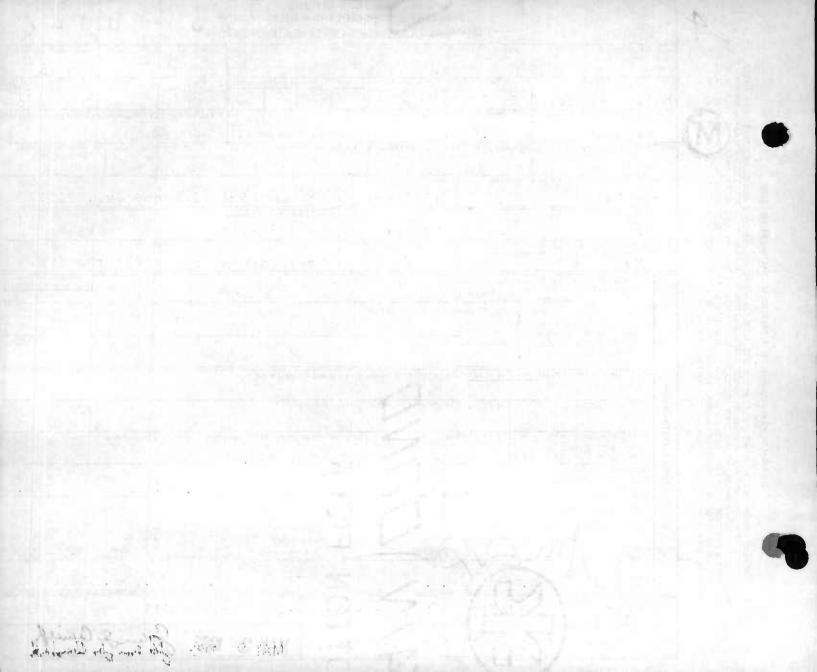
Randallstown MD

22c. DATE SIGNED

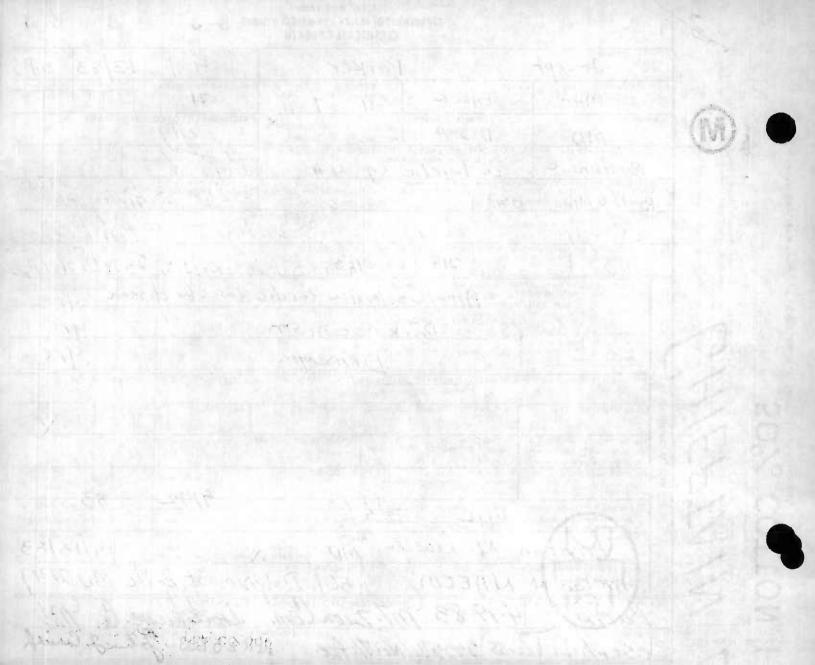
COUNTY



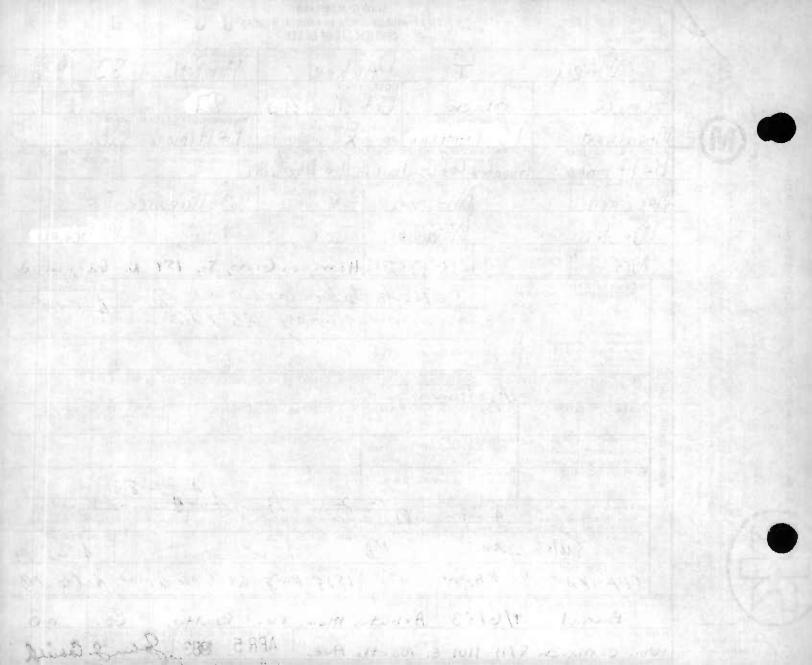
20M 4/82

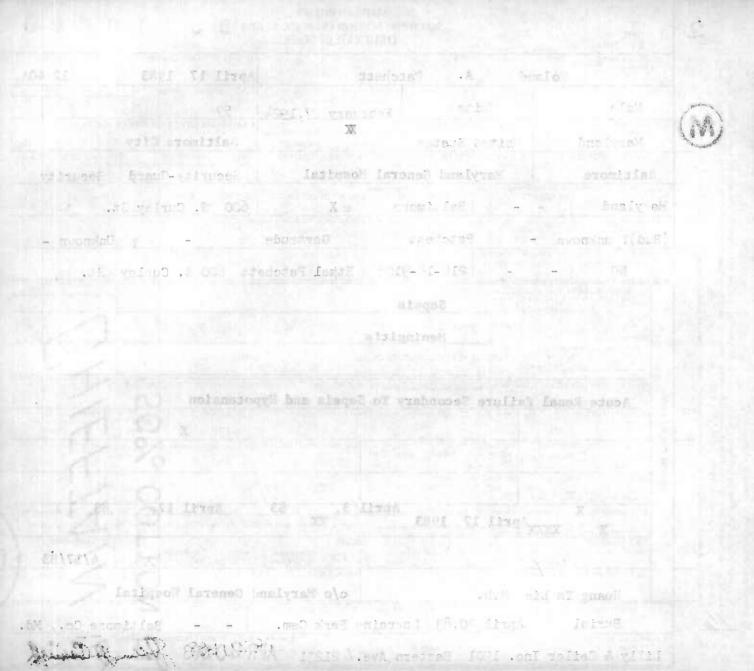


8	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST TO SEPT	Parker	20. DATE OF DEATH MONTH DAY VEAR 26 HOUR 3P
of the state of th	sex male	1. RACE Black S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
(M)	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH CITY ME
11 90	Balfinere	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FICILITY, GIVE STREET ADDRESS) LA FAYORE S9 - W.H.	FOR MOST OF WORKING LIFE) INDUSTRY
15 15 15 15 15 15 15 15 15 15 15 15 15 1	SUAL RESIDENCE (IF NURSING HOME OR)30. STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS Shirley Ave
mpletely and 2 st	FATHER'S NAME FIRST	MODIE PARKEN IS MOTHER'S MAJDEN NA	ME I'M MIDDLE PARKER
Poges 1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 219 1 6 05074 mrs. 5 45	ie GRILLIN 2501 Violet AM
physicion npopers. movol. vent, the	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c).) DBY: DAHARO Scleretic Cardio	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n, or re	4292 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF PATICINS ON ISM	415
se removi	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCED PERCENTIS	415
n plec ouriol y, or		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ow ony ii	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT NOT YES NOT
252 - /1/	OR CONTRIBUTION CAUSE OF OF	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ond Mer wed or the	21d. INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
f Health of	220 I certify that (I) (this hospi	tol) ottended the deceased from 1978, 19	death occurred on the date and hour and from the couses stated
DIRECT roched for Dept. o If Item 2	obove, (1) (we) (did) (did no 22b. SIGNATURE	no Ma Llacen DEGREE ATTENDING PHYSICIAN (224 DAJE SIGNED
should be deto	22d. PHYSICIAN'S NAME (TYPE O	PHISICIAN	Phin St-Balto MD 21217
	30. BURIAD, CREMANON, REMOVAL		23d VOCATION
- 16 50M 4/B2	4 FUNERAL DIRECTOR	25g. DA	TE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNA DE PRESENTA DE PRESEN



/				STATE OF MARYLAND				
A	1-	FOR STATE REGISTRAR	DEPAI	RETMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 0	1 0	08	9
/	1. DE	CEASED VAME FIRST	MIDDLE	LAST	REG. N 2a. DATE OF DEATH	O. MONTH DAY	YEAR 2b. HOUR	,
page 3 r death		ORPRINT	I.	PARKER	APRIL	18	3 950	5 M
po ter d	3 SE	4	4. RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIR	THDAY) IF UN	MOER I YEAR IF UNDER	4 HRS
rs of	7	emale	Black	Oct 16 190	0 82	YRS	AS DATS HOURS	MIN.
200	70. BI	RTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 FALTIMORE CITY	R COUNTY OF	DEATH	1
1 22	11 14 14 C	TY OR NOWN OF DEATH	111 NAME OF HOSPITAL NUR	WIDOWED NOTHER INSTITUTION	DAITIM	one	26 KIND OF BUSINES	MD.
190	B	Altimore	THE NOT IN SUCH FROLITY, GIVE STR	EFTADDRESS)	(TYPE OF WORK FOR MOST O		NDUSTRY	SOR
pe t		AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEI	OR ADMISSION)		2	7/2/1	
33	11/2	Ruland	W. I I	NORO YES NO D	5? I3. STREET APPRESS	wick	Ave	
Somina Market	14 FA	THER'S NAME	MIDDLE MC CAST	15. MOTHER'S MAIDEN	NAME		PAST	
200	11	Wesley	11/2/20	WAN Typ	Young	66		_
Poges	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDR		C.	1
the '		IVO	1218-31		Gross, Jr. 1:	N.	td gewor	
ent, i		PART I. DEATH WAS CAUSI		etactatic Ca	vanioma.	02	APPROXIMATE INTERV BETWEEN ONSET AND D	EATH
ar rer	t.	1000 IMMEDIA	TE CAUSE (a)	DUENCE OF Whis any	11 11	0	4 man	4
phon, i		Canditians, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF CHILD	Budan			
er fro	93	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
or of	-3	underlying cause last	(c)					
3	z	PART 2 OTHER SIGNIFICANT	A- 1- 1	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN II	N PART Ita	YE!
prior to	ATIC	19g DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RÉ FINDINGS USED	
o swoys	CERTIFICATION				YES NOT		CAUSES OF DEATH	1?
00	CER	21a. ACCIDENT WAS UNDERLYING	THE COURSE A ALL MACRATURE	DAY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	_		
hem 18	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19				
ă	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	211 LOCATION STREET	CITY OF TO	WN, G1	COUNTY STA	ATE
morked		AT WORK		, ,	9 14	1-83	0.7	
is m		220.1 certify that (1) (this hasp saw the deceased alive ar	nital) attended the deceased fram	CAL	nian death accurred an the de		that (I) (we	e) last
Pt. o		abave, (I) (we) Idid) (did no 22b. SIGNATURE	at) view the bady after death	DEGREE	and dealifed an me d		22c. DATE SIGNED	ed
AT: # #		Euns	m	MA ATTENDIN	G MEDICAL STA	FF	4-1-	P
Y Y		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			1 11	0
IMPORTANT:		SHAUKAT	1 HAM	1528 Km	g william	mine,	Balto,1	9
~ > Z	23a. E	URIAL, CREMATION, REMOVAL	141. 10- 10	C NAME OF CEMETERY OR CREMATO	_CITY OR TOWN	X°	UNIY STA	ATE
	24. FI	Duria I	14/6/83 A		DATE REC'D. BY REGISTRAR		S SIGNATURE	2
OM 4/B2		Mame C. March	C/H MOLES		APR 5 1983	John	2.000	A





ADDRESS

William C. March F/H 1101 E. North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

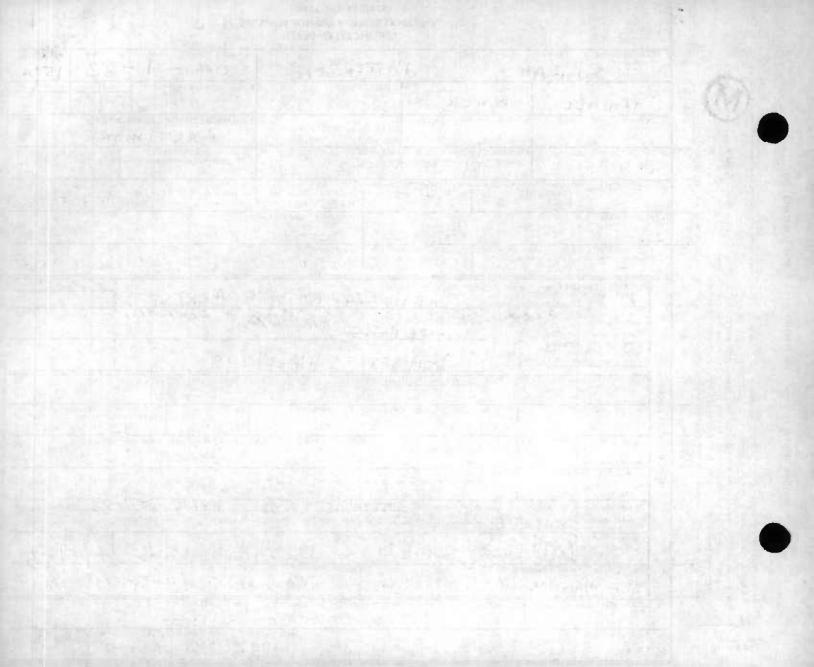
FOR

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

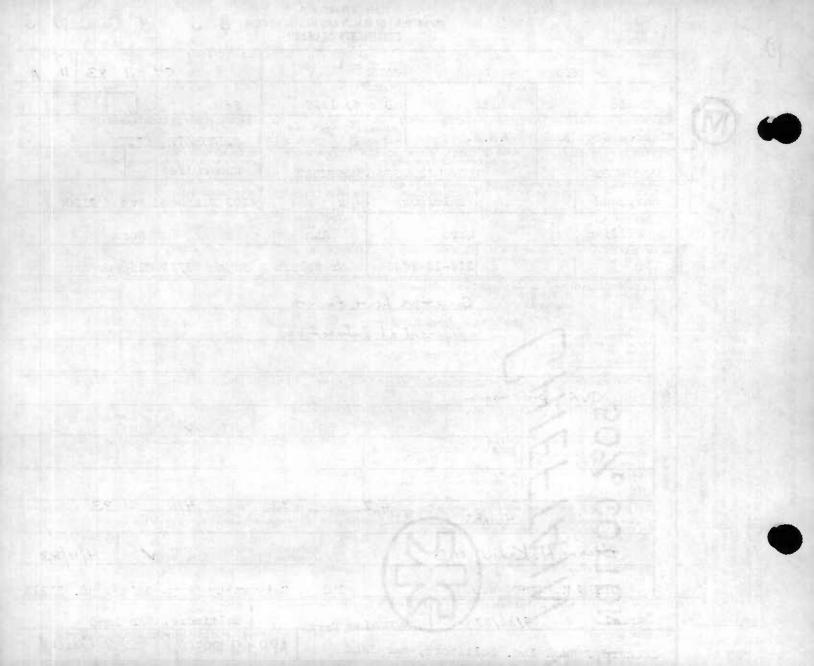
NAME



SA/		FOR		STATE OF MARTLAND	4% T	0000
WIT	1 -	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0 0 9 2
		CEASED NAME FIRST	WIDDLE	LAST A	20 DATE OF DEATH MONTH DA	Y YEAR Zb. HOUR
- 25	TAME	OR PRINT) Clarence	Eugene	Paul 111	042	83 955 pm
25	3. SEX		RACE	S. DATE OF BIRTH	0	UNDER 1 YEAR IF UNDER 24 HRS
WALL TO	3. JL/	/	CONTRACTOR OF THE PARTY OF THE	MONTH DAY YEAR	6.0	ONTHS DAYS HOURS MIN.
0.00	4	male	Cauc	3 28 20	63 844/ YRS.	
22 02		RTHPLACE (STATE OF FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
		Balt Maryland	a USA	WIDOWED DIVORCED	Balt Cit	- AND
1 2 2//)0 CI		1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
- + + 0		Balt	(IF NOT IN SUCH FACILITY, GIVE STREET	(DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Retired-Engine
120 ours	USU/	AL RESIDENCE (IF NURS ME OR O	THER INSTITUTION GIVE RESIDENCE REFORE	ADMISSIONI)	Martin Mariella	Recifed Engine
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician. Her this certificate has been signed by the attending physician and completely filled in by os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to buriol, cremation, or removal. orked or frem 18 shows only injury, or other traumatic event the medical examises must be not a file.	13a. S	Md. Ba	the Butt	TOWSORES NO XX	708 Camberley (Circle 21204
With 2 st	I4 FA	THER'S NAME	IDDI CO 1461 TO	15. MOTHER'S MAIDEN NA		LAST Cone
MAR mple		Clarence M	Eugene p'Pa	al, lll First Lau	ira mott	Cope Cope
RE, M. d comp es 1 or		AS DECEASED EVER IN U.S. ARM			ADDRESS	COP
MOR exec	17 TH		WAR OR DATES) 2/2-12-	0242 11/9b/ F	auth B. Paul, Same	As #13e 21204
LTIN	YE	,		OF TOTAL		
, BA		PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY:	(c.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.		IMMEDIATE	CAUSE (0) Cardio-	pulmonary arre	72	
on the cork		5/24	DUE TO, OR AS A CONSEQUE	NCE OF		
estol deoth ottend ove co rion, o		Conditions, if any, which	(16) 95 PICE	tion preumonia		
the entre		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF /		
by by cr		underlying couse lost.	hepato		re	
20 red pleed uriol		PART 2. OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TERM		V IN PART 1(n)
RDS, : equire equire 1 sign to bu njury.	N					
been mit. I prior ony ii	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED
no per he po	E.	none			IN CERTIFY!	NG CAUSES OF DEATH?
TALR icion. icion. ist po giene shows	ERT	710. ACCIDENT WAS UNDERLYING	71h TIME OF INJURY	21. HOW IN HIRV OCCUP	YES NO YES	NO
TYSICIAN, T ding physici is certificate burial-transi Mental Hygi		OR CONTRIBUTING CAUSE OF GEATH	110.00 110 110.000	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T F OR PART 2)
SICLIA ng p certif entol-t	S .	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY PHY andir this d And	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS Or other or other the se os the calls one marked	~	AT WORK NOT WHILE				
O O O E		220.1 certify that (1) (this hospita	l) ottepded the deceased from	3/15/83 19 83	, to	83 , that (I) (we) lost
OR ATTEN OR ATTEN DIRECTOR, sched for up Dept. of Hem 1 is	35	sow the deceased alive an_	198	3 , and that in (my (our) opinion	death accurred on the date and hour o	and from the couses stated
REC ed ppt.		obove, (I) (we) (did) (did not)	view the body offer deofn.	DEGREE		226. DATE SIGNED
F F F F F F F F F F F F F F F F F F F		la IM	m. 100	ATTENDING	MEDICAL STAFF	11/22/03
by by Stot		22d. PHYSICIAN'S NAME (TYPE OR	11111111111111111111111111111111111111	220 ADDRESS	DIRECTOR PHYSICIAN	19/6/102
HOSP ined FUN FUN buld by	1	c 11 .1	of -		= 11-1-1-54	B 1+ mol.
TO HOSPITAL OF		Scott M.	Meyer		s. Manover St.	13al 110
F	23a. B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	_	Burial	4-30-83 Lo	rraine Park Cemete	ry Woodlawn, Bal	
DHMH - 16 50M 4/82	24. FL	INERAL DIRECTOR	ADDRESS	1050 York Rd. ADD	E REC'D BY REGISTRAR 2 TO DECISTO.	
(VRA 15, 4)	Ru	ck Towson Funera	1 Home, Inc. To	1050 York Rd. APF	40 900 John	In country

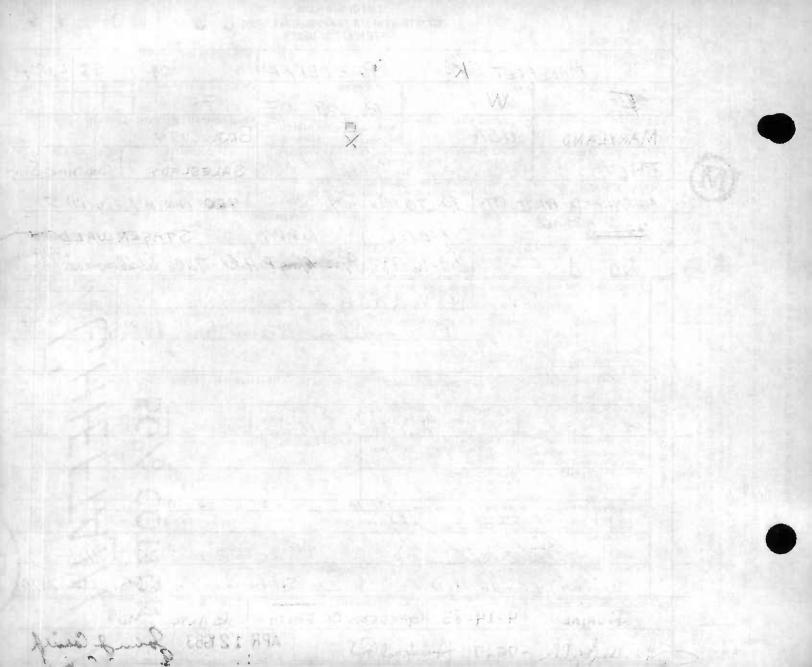
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(VRA 15, 4)



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FOR

- STATE

REGISTRAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED (SPECIFY) Burial 4/23/83 White Marsh, Balto. Maryland Holly Hill Mem. Park 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 7922 Wise Avenue, Dundalk, MD (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

Beth. Steel

Norman

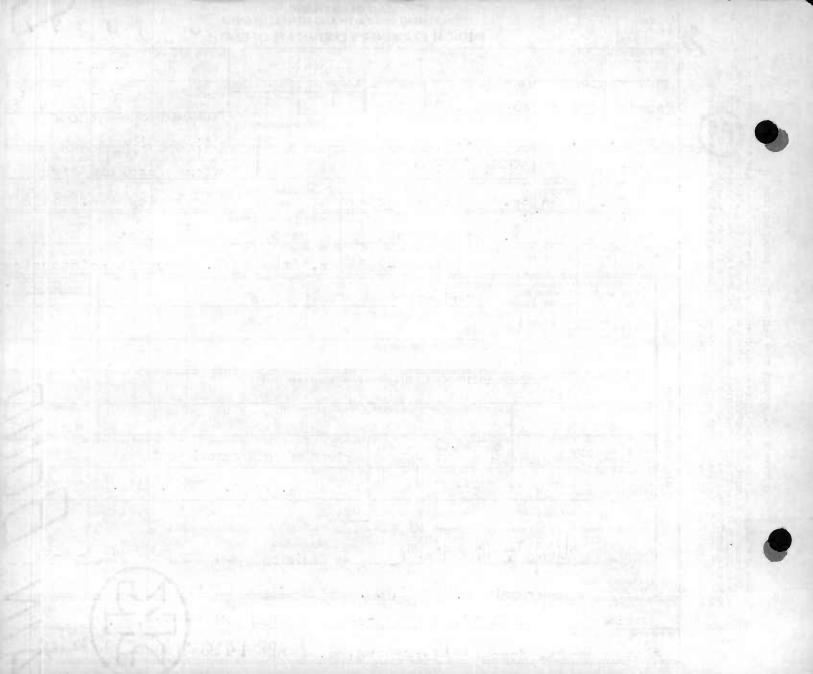
IF UNDER 24 HRS

1983

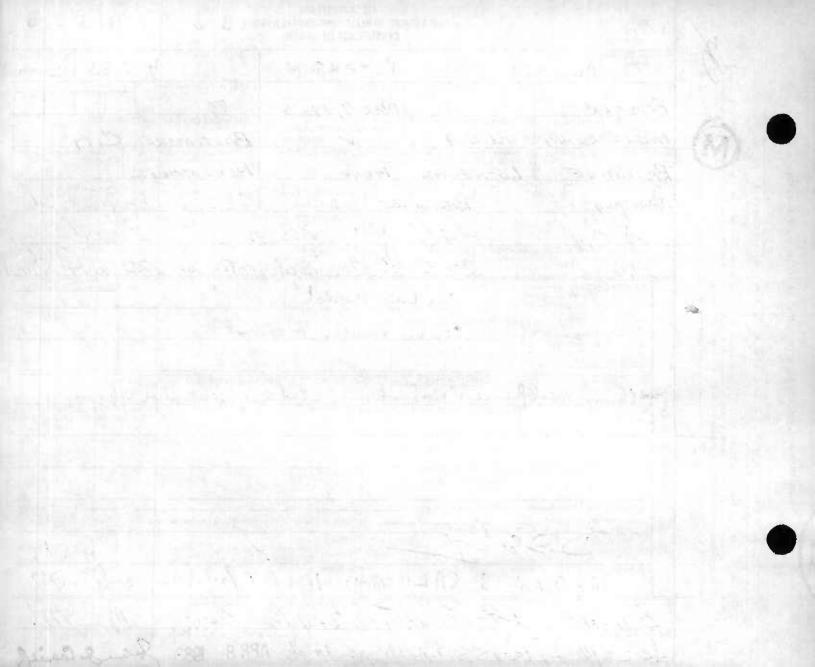
IF UNDER 1 YEAR

INDUSTRY

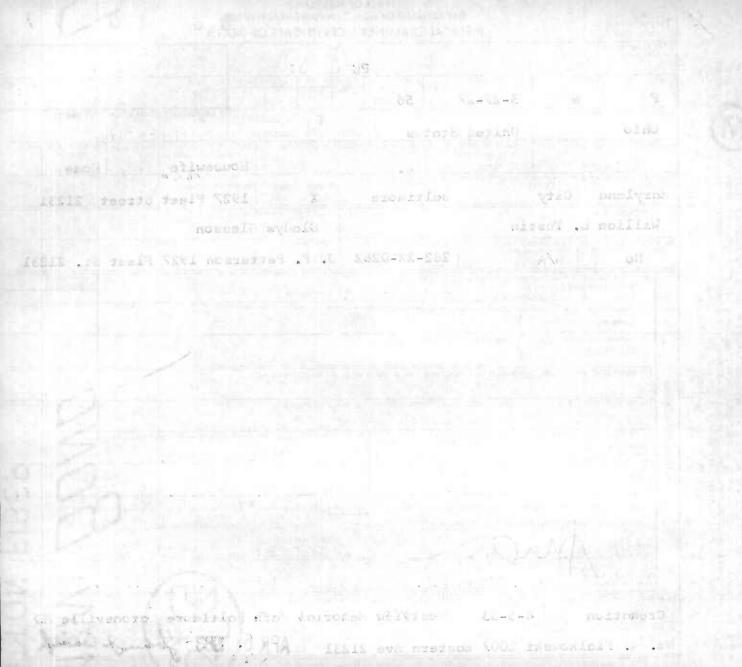
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W	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	10098
(Ps		CEASED NAME FIRST ALVER	TA	PETERSON	20. DATE OF DEATH MG	4 5 83 12 noon
ge 4 may be ector, page rs offer	3. SE	x Em ALE	BLACK	S. DATE OF BIRTH MONTH DAY YEAR 1913	6. AGE (IN YEARS LAST BIRTHD	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death. Page	/	IRTHPLACE (STATE OR FOREIGN FOUNTRY) THE CHRIST INFO	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR O	2
s ofter d	10	ATIMARE	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS OR INDUSTRY
in 24 hour ly filled in la should be f	USU	AL RESIDENCE (IF NURSING HOME O 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF	YES NO [132 STREET ADDRESS	1214 SI
ompletely ond 2 sh	14. F.	ATHER SNAME /	MIDDLE HAIN	15. MOTHER'S MAIDEN N	MIDDLE	Bone
re be execution and control of co		WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SE 12/3-2	CURITY NO. 17. INFORMANT	117 AUNE	23.21 W 19126/
es that the deoth certificoved by the attending physpleose remove corban popurial, cremotion, or remove, or ather traumotic event,		PART I. DEATH WAS CAUS HIMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	nly one cause per line for (b), (b), ED BY: ITE CAUSE (a). DUE TO, OR AS A CONSECTION OF AS A CONSECTION O	DUENCE OF Josephan Acei	dut	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he law require on. has been sign i permit. Then ene priar ta bi aws any injury	CERTIFICATION	PART 2 OTHER SIGNIFICANT Chronic Zem 190 DATE OF OPERATION	lauhre 2 Non	DEATH BUT NOT RELATED TO THE TER Function of the find the first of th	ess. Penicard	11 010
DING PHYSICIAN: TI or attending physicia After this certificate After this certificate of the ond Mental Hygi marked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DILIF EITHER NOTHER MEDICAL EXAMINI 210. INJURY OCCURRED WHILE OT WHILE AT WORK		DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY III	
OR ATTENI he haspital L DIRECTOR: rached far us e Dept. of Hem 21 is		22a. I certify that (I) (this has sow the deceased alive a above. (I) (we) (did) (did not see that the see th	ot) view the body offer death.	DEGREE ATTENDING PHYSICIAN	1	ond hour and from the causes stoted 22c. DATE SIGNED H S - 63
TO HOSPITAL retoined by the TO FUNERAL should be detained the State with the State IMPORTANT:	230	DAR SHI	AN. S. SAL	JAME OF CEMETERY OR CREMATORY	17 LoyalAu	e, Belto 2/2/7
BP DHMH - 16 50M 4/B2	L	UNERAL DIRECTOR	49-83	MT. AUDIEN CO.	ATE REC'D, BY REGISTRAR 251	b. REGISTRAR'S SIGNATURE
(VRA 15. 4)		05+0h 1.	1/115500	22/1 No. The Bles.	APR 8 1093	Jack . Q. C A



FOR		DEPARTMENT OF HEA	LTH AND MENTAL	HYGIENE		0 9 9
- STATE REGISTRAR	M	EDICAL EXAMINER'	S CERTIFICATE	OF DEATH R	EG. NO.	
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20. DATE KNOW	HINOM X NW	DAY YEAR Zb HO
L.	ORRAINE	PF	TTERSON	OF EST DEATH MAT	ED 0 4 1	19 83
SEX 4, RACE	5. DATE OF BIRT	H 6. AGE (IN YEARS II	UNDER 1 YR. IF UNDE		MONTH	DAY YEAR 2d H
F W	3-27-		ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	4 1	1 19 83 p
To BIRTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIED X NEVER MAR	9. BALTIMORE	CITY OR COUNTY	
Ohio	United		OWED DIVOR		ore City	
D. CITY OR TOWN OF DEATH		DSPITAL, NURSING HOME, OR	OTHER INSTITUTION	TZE USUAL OCCUPATION	N (TYPE OF WORK 12)	KIND OF BUSINES OR INDUSTRY
Baltimore		Hospital		Housewife		Home
ISUAL RESIDENCE (IF IN NURSIN	IG HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		TOME
	ity	Baltimore	YES NO		Street	21231
14 FATHER'S NAME			15 MOTHER'S MAIL	ENNAME		
William L.	Tustin	LAST	Gladys	Gleason		LAST
60 WAS DECEASED EVER IN I		166. SOCIAL SECURITY NO.			DRESS	
No	NA A	282-22-0262	J. F. Pe	tterson 1927	Fleet S	St. 21231
TB CAUSE OF DEATH (F	Enter only one cause per li	ne for (a), (b), and (c).)				APPROXIMATE INTERVA
PART I DEATH WAS	CAUSED BY: AMEDIATE CAUSE (a)	Cranio-cerebr	al trauma			BETWEEN ONSET AND DE
1 8809		OR AS A CONSEQUENCE OF				
Conditions, if ony,						
gave rise to imm		OR AS A CONSEQUENCE OF				
lying couse last.						
PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN P	ART I (a)		
				1191		
190 DATE OF OPERATIO	ON 196 CONI	DITION FOR WHICH OPERATION	WAS PERFORMED?	-		20 AUTOPSY?
DI I						YES X NO
T90 DATE OF OPERATION 710 EXTERNAL CAUSE V		OF INJURY 21	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	
UNDERLYING WOR CONTRIBUTING CAL		M. MONTH DAY YEAR M. 4-1- 1983	Subject fall	down stairs		
21d INJURY OCCURRED	21e PLAC	E OF INJURY (ATHOME, 211	LOCATION			
WHILE NOT WH	HILE X	ACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNT	
AT WORK AT WOR	IK T	nome II	927 Fleet St	Balto.		Md
22a I certify that I too	ok charge of the remains d	[77]	itopsy X Inspecti	an L., Inquiry L.	and in my opini	on
death resulted from	Natural couses,	Accident X , Suicide	. Homicide .	Undetermined manner	□.	
	M. O.	1	TITLE (SPECIFY)		DATE	4 0 07
ACTUAL T	MA A I SHAN		_M.D. Assistar	MEDICAL EXAMINER	SIGNED.	4-2-83
ACTUAL SIGNATURE	1 V					
SIGNATURE	Y CONT		444	D 61 D		01001
EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Dixo			Penn St., Ba	ilto., Md.	21201
EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CEMETER	Y OR CREMATORY	23d LOCATION	COUNTY	CTAVE
EXAMINER'S NAME (TYPE OR PRINT)		23c. NAME OF CEMETER	Y OR CREMATORY		COUNTY	CTATE



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	7?	215, 21, 1215	۲ا	
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THE REAL PROPERTY.	55:31 44	X APOL	- X 7 G	ing cama
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	1000	ososa La.	217 26	1
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	x			
		AT. AUBUM CERT L'EX		

1-	FOR STATE REGISTRAR	UNKN. 83		DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAI CERTIFICATE	OF DEATH RE	G, NO.	0 1
(TY	PE OR PRINT)	Lawren	ce	Eugene	Pe	tty	20. DATE KNOW OF ESTI- DEATH MATE	. 13	YEAR 25 HOI
-	X ALE SIRTHPLACE OREIGN COUNTRY	4. RACE White (STATE OR	5. DATE OF BIRTH MONTH DAY 9 5 76 CITIZEN OF W	26 LAST BIRTH	YRS.		PRIED 9 BALTIMORE C	4/11/831	9 4 HG
and a	Baltimo TY OR TOWN Baltimo	N OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOA ACRITY, GIVE STREET ADDRESS PKINS HOSPI	WIDOW ME, OR OTH	VED DIVO			O OF BUSINESS NDUSTRY
5 m	AL RESIDENCE STATE ATHER'S NAME	13b. COUNT	IY	13c. CITY OR TOWN Baltimon		13d INSIDE CITY LIMITS: YES NO [DEN NAME	Milton Ave.	21224
160.	Laure WAS DECEAS (ES, NO OR UNKN	ED EVER IN U.S. ARM	MIDDLE WARD FORCES? WAR OR DATES)	Petty 166. SOCIAL SECURI 217-22-10		Victor 17. INFORMANT	ia	Kriss RESS	
	Condition gove couse (a lying co	ons, if any, which rise to immediate a) stating the <u>under- juse last.</u>	(b) DUE TO, OI DUE TO, OI	Cardiomyop R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF	E DR CONOITIDN GIVEN IN	PART 1 (a).	BE I WEE	N ONSET AND DEA
CERTIFICATION	196. DATE O	F OPERATION	19b. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			TOPSY?
MEDICAL CER	UNDERLYIN	ING CAUSE OF D	EATH P.A	M. MONTH DAY YEA	I.R	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITI		S. NO
ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.)		JREET	CITY OR TOWN	COUNTY	STAT
	death result ACTUAL SIGNATURE	ted from: No.	1951		vicide	Homicide TITLE (SPECIFY) ASSISTA	Undetermined monner	DATE 4,	/11/83
23a.B	EXAMINER'S (TYPE OR PR URIAL, CREM)	NAME H		Guard, M. [METERY OF	ADDRESS	1 Penn St., B	alto., Md. 2	21201
74 F	Bur	ial	4-14-83	Bohemia		750 DAT	E REC'D. BY REGISTRAR 1256.	City, Md.	STATE
Ch	arles.	S. Zeiler	Son Inc	e. 901 S.Co	nklin	a St. Af	PR 1 3 1983	bang Co	milk

della Castodin Salta, Etg Service of the servic Communica Colored retain discharia having duction 4-/4-75 descript a stantage of the stantage of the Jacies . Lesies Ton Inc. 31 S. on line is. His Will at the series in

b	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	10102
nay be page 3 er death	(TYP	CEASED NAME FIRST Ray N	iona B	Pheil	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR 4 19 83 2:30 PM
itor. po	3. SE	MALE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 4. 25 09	6 AGE (IN YEARS LAST BIRTHO	
MOTE		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR O	
1114	Ja-e	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) AGRIFAN HOSP	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF W Boat Sales	N 126, KIND OF BUSINESS OR
Miled in Could the	12e	STATE	DTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS,	SMAN CT 21221
omplement on 2	JA. FA	Abraham XX	Henry Pheil	15. MOTHER'S MAIDEN NA Emma	MIDDLE	race Keiffer
n and co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SECU WAR OR DATES) 199-07	Richard T	ADDRESS	2 Box 2667 g Grove. Pa.
that the death certificated by the attending physicals cemove corbanopopical, cremation, or removal or ather troumatic event, to		PART I. DEATH WAS CAUSE	y one cause per line far (a), (b), an O BY. E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Pulmonery Co	loma tion	APPROXIMATE MITER AT BELWEEN ONSET AND DEATH
been signe mit. Then p prior to bur ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	ONDITIONS GONTRIBUTING TO I	1	11	10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN The le tending physician this certificate hos he burial-transit per nd Mental Hygiene dor Item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	19 21f LOCATION	YES NO RED (ENTER NATURE OF INJURY IN	
by the haspinol or at By the haspinol or at EAL DIRECTOR After edeboched for use as I Stote Dept. of Health a NMT: if them 21 is marke		AT WORK	oi) attended the deceased from view the bady after debth.	DEGREE ATTENDING	, 10	and hour and fram the causes stated 22c DATI SIGNSO 4/19/33
to Hospital		Davis /	M. Hehn	ADDOCCC		Blud 21239
BP	230 E	SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c N 4-20-83 We	stview Crematory	23d LOCATION	COUNTY MA

21236

Md.

DHMH-16 50M 1/B1 (VRA 15, 4)

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8	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	10103
no o pe	1. DECEASED NAME (TYPE OR PRINT) 3. SEX	H.	PHETL 15. DATE OF BIRTH	20. DATE OF DEATH MOP	20 1983 449
Poge 4 n	FEMALE	CAUCASIAN	June 26, 1910	72	MONTHS DAYS HOURS MIN.
death. Po	To. BIRTHPLACE (STATE OR FOREIGN CPENNSylvania	U.S.A.	MARRIED NEVER MARRIED WORCED	BAUMO	
by the filled wiffied	BATIMORE	111. NAME OF HOSPITAL, N	ATENTAN HOSE	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	136. STATED	OR OTHER INSTITUTION GIVE RESIDENCE JINTY 13-CITY OR	BEFORE ADMISSION) 13d. INSIDECITY LIMITS? YES TO NO	136401 LOCH	RAVEN BLYD'S
completely lond 2 si	David R	ıšĥ Greenas	walt Carrie	E.	Brindle
n and co	No	IVE WAR OR DATES)		E. Troy RD 2;	Spring Box 2667 Grove, P
physicia phy	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a) (SED BY: ATE CAUSE (o) CAR	DIAC ARREST		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
death cer offending ave carbo fion, ar re aumatic e	2395 Conditions, if ony, which		MONARY EDEMA	1/HYPOXE1	NIA
that the a d by the o ease rema al, cremat	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS			
squires the signed Then ples to burio		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
has been permit.	190 DATE OF OPERATION April 19, 198 210. ACIDENT WAS UNDERLYING	3 HEMATUR	HICH OPERATION WAS PERFORMED		IL IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH2 YES NO IN
CIAN: The physicic sertificate in the language of the language	OR CONTRIBUTION CONTRIBUTION OF DE	A .	DAY YEAR	RED (ENTER NATURE OF INJURY IN	
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ENDING P tal or other OR: After the r use as the	AT WORK	pital) attended the deceased f	03.	depth occurred on the date	ond hour and from the causes stated
OR ATT he hospin DIRECT oched for Dept of	22b. S	(Lack the body ofter death.	DEGREE ATTENDING	REDICAL STAFE	221. DATE SIGN D
HOSPITAL Boined by the Sould be determined Store PORTANT:		or PRINT) chberg, M.D.	PHYSICIAN [DIRECTOR PHYSICIAN	1 11000
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 4-23-1983	23: NAME OF CEMETERY OR CREMATORY Dulaney Valley	23d LOCATION CITYOR TOWN COCKEYSVII	le county Maryland
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR NAME RICK TOWSON France	ADD	el 050 York Road 250. DA	TE REC'D. BY BEGISTRAR MY	REPISTRAR SLIG LANDON

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	0.			
	CEASED NAME	FIRST	,	MIDDLE	ı	AST		20. DATE O	FDEATH	MONTH 04	12 83	2 b	. HOUR
		VILLIA	M J.	AMES	PH1	PPS	JR.		Apri		2,1903		7:20 pm
3. SEX			4. RACE		S. DATE C		YEAR	6 AGE IN	YEARS LAST BIR	THDAY)	MONTHS DAY		UNDER 24 HRS
	MALE		WHI	TE	12	02	10			72 YRS			
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MADDIED	9. BALTIMO	RE CITY O	R COUN	TY OF DEATH		
	ARYLAND		U.S	U.S.A. WIDOWED DIVORCED BALTIMORE CIT							ľY		MD.
	TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING STREET A AGNES	INDPESS)		STITUTION			F WORKING	LIFE) INDUSTR		SUSINESS OR
USUA	L RESIDENCE (IF NUR	SING HOME OF								301212		223	
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	ARYLAND THER'S NAME			DALITMON	CL:		R'S MAIDEN N		51. 1	PEKET	7101 311	VEL.	12
	WILLIAN	1	J.	PHIPPS	SR		EMMA		MIDDLE			ESS	
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORA	TAANT		ADDRE	ESS			21223
(,	NO	(11 123, 011	TE WAR ON DATES;	215-01-	7849	THER	ESA M.	PHIPPS	2657	ST.	BENEDIC		STREET TE INTERVAL BET AND DEATH
MEDICAL CERTIFICATION	22e. I certify that (I) saw the decay above, (I) (we) 22b. SIGNATURE	, which mediate no the e last not consider the e last not consider the e last not consider the end of the end	21b. TIME O HOUR A.I P. 21e. PLACE (AT HOME. STR ital) attended, the	FINIURY M. MONTH DA M. OF INJURY eet, FACTORY, OFFICE, FACTORY	Y YEAR 19 ARM, ETC)	211 LOCATION OF THE PERSON OF	INJURY OCCU	PD 200 AUTO YES JRRED (ENTERN ADDICAL DIRECTOR	OPSY? NO V ATURE OF INJU CITY OR TO STAR	206. IF Y IN CER	GIVEN IN PART YES, WERE FINE THEYING CAUS YES COUNTY COUNTY 22c. DA 22c. DA	the cau	STATE of (I) (we) lost uses stated GNED 1 12 19
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	SPECIFY)						- Inchination I		YORTOWN	140	COUNTY		STATE

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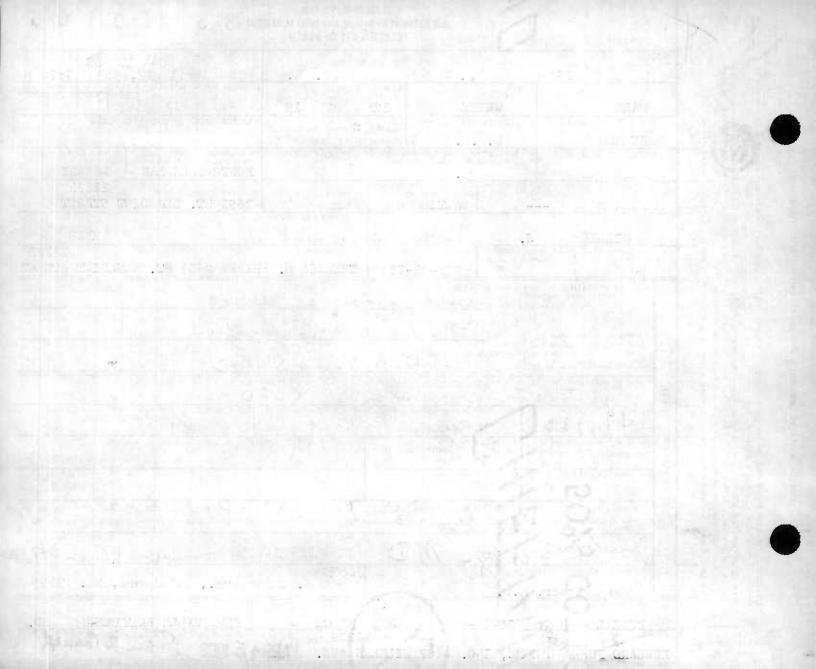
BP.

FOR

BURIAL 04-16-83 DRUID RIDGE
74. FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

D RIDGE 21229

PIKESVILLE BALTIMORE



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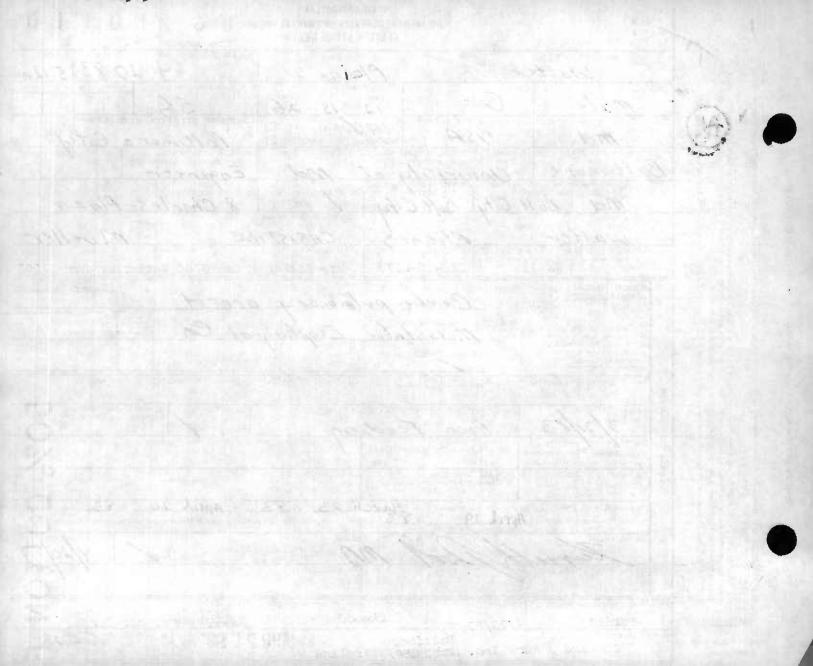
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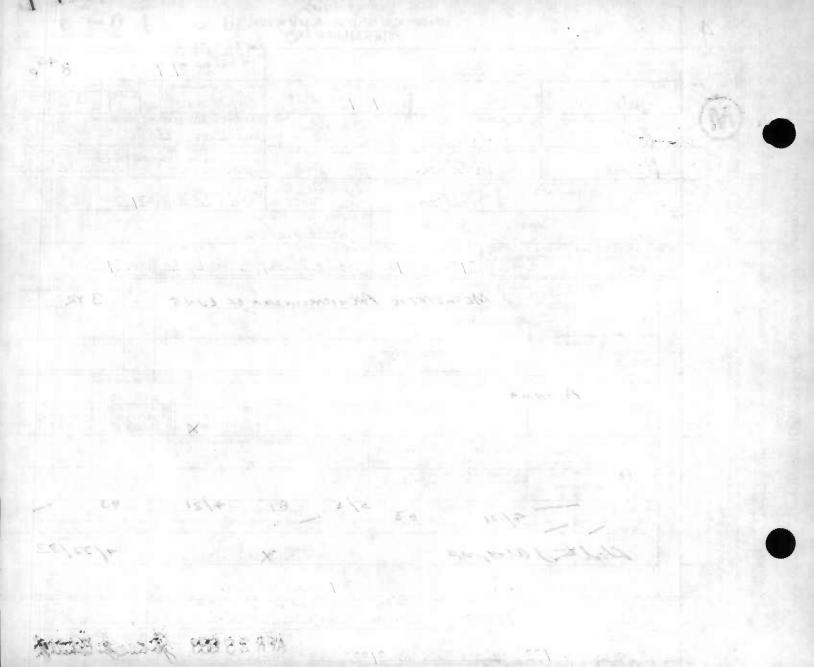
					STATE	OF MARYLA	ND					
11.	FOR STATE			DEPART	MENT OF H	ALTH AND W	NENTAL HY	GIENE	1	0	1 0	8
-	REGISTRAR		ME	DICAL	EXAMINE	R'S CERTIFI	CATE OF	DEXTH	REG. NO			
	ECEASED NAME	FIRST		MIDDLE		LAST		2a. DATE	KNOWN A	MONTH	DAY YEAR	2b HC
1	TE OR PRINTI	Bryan	Brian	Ray		Pierce		OF DEATH	MATED	4-2	26- 1983	
3 SE	X 4 R	RACE	5. DATE OF BIRTH	0	6. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 2			MONTH	DAY YEAR	2d HC
M	lale Wh	rite	Nov. 4, 7	972	10 YRS.	MONTHS DAYS	HOURS	MIN. PRONOUI DEAL		4-7	26- 19 8	39:15
20-	BIRTHPLACE (STATE	OR	76 CITIZEN OF W		ITRY? 8.	MARRIED N	EVER MARRIE	9. BALTIN	ORE CITY OF			71 0
	aruland		115	A	1	VIDOWED [DIVORCE		imore	City		1
The C	CITY OR TOWN OF I	DEATH	11. NAME OF HO			R OTHER INSTIT	NOITU	12a. USUAL OCCU	PATION ITYPE		OR INDUS	
	Baltimore)			Hospita	1		Studen			011 111 1000	
	STATE,	13b COUNT	OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION		CITY LIMITS?					
Ma	ryland			Bal	ortown timo re	YES 🐔	NO 🗆	3 STREET ADDRES	ead St	· Balt	to.Md.2.	1230
14. F	ATHER'S NAME		MIDDLE		LAST	15. MOTH	ER'S MAIDEN	INAME	AIDDLE		LAST	
1	James	R	obert		Sands		Vivian	2	Laine		Pierce	2
16a.	WAS DECEASED EV YES, NO. OR UNKNOWN)	VER IN U.S. ARM			CIAL SECURITY N				ADDRESS	71.		
_	No			217.	-84-656	Mrs.	ivian	E. Pierce	Same	as 160	ve	
	18 CAUSE OF DE	EATH (Enter only H WAS CAUSED	ane cause per line	e for (a), (b)), and (c).)				TO DE	- 20	BETWEEN ONS	E INTERVAL
100	PARTIDEATE		CAUSE (a)	Blunt	injury	to chest		100				
1	1916	0	DUE TO, OF	AS A CON	ISEQUENCE OF						TITLE.	
2		if any, which to immediate	(b)									
		iting the under-	DUE TO, OF	AS A CON	ISEQUENCE OF						10	
	lying coose it	351.	(c)	200	4371							
١	PART 2 OTHER SIGNIFI	ICANT CONDITIONS CO	ONTRIBUTING TO OFATH	BUT NOT RELA	TEO TO THE TERMINA	L OISEASE OR CONDITIO	DN GIVEN IN PART	1 (0).				
O.												
CAI	19a DATE OF OP	ERATION	19b. COND	TION FOR	WHICH OPERAT	ION WAS PERFO	RMED?				20 AUTOPSY	?
lá.				316				744			YES X	NO [
E			21b. TIME O	FINJURY	DAY VEAD	21c HOW INJUR	Y OCCURRED	ENTER NATURE OF IN	HIRV IN ITEM 18 PA	ART L OR PART	T 2)	
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CAL CERT	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	HOUR AN	4. 4-7	26- 1983	dumpst	er fel					
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MEDICAL CERT	UNDERLYING CONTRIBUTING [21d INJURY OCC WHILE N	CAUSE OF DECURRED	ŽIE PLACE STREET, FAC	OF INJURY	26- 1983 (AT HOME.	united bl	er fel k. E.F	Lon sub	ject wm	COUP		
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(VRA 15, 4)





STATE OF MARYLAND			-			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	0	1	1	
CERTIFICATE OF BEATU	-					

FOR - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO FIRST MIDDLE 2a DATE OF DEATH YEAR I. DECEASED NAME 2h HOUR THE OR PRINT WILLIAM HENRY PLETZER 4 16 83 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YE 1 7 13 66 White Male TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED U.S.A. Maryland Baltimore City DIVORCED [WIDOWED | IL CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Shipping SUCH FACILITY, GIVE STREET, ADDRESS)
GrinnaldsAvenue INDUSTRY Baltimore CummingsDiesel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 1136 COUNTY Baltimore 2011 Grinnalds Avenue Maryland 21230 M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST UNKNOWN Pletzer Clarence ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 2011 Grinnalds Avenue (YES, NO OR UNKNOWN)
YES Elizabeth Pletzer 214-01-7088 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY cardiac armst IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SCU Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. hus pertens we PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.8 certify that (1) this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated saw the deceased alive. above, (1) (we) (did) (did not) yiew the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 700 Washington Blvd. Dr. Bruce Blumenthal 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE Buria1 P.G. Maryland 4/19/83 Maryland National Laurel 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

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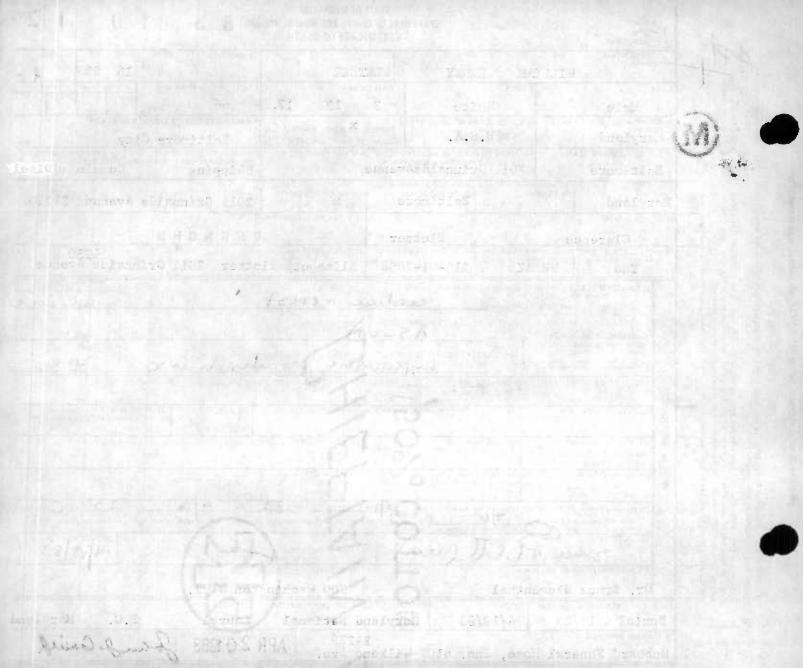
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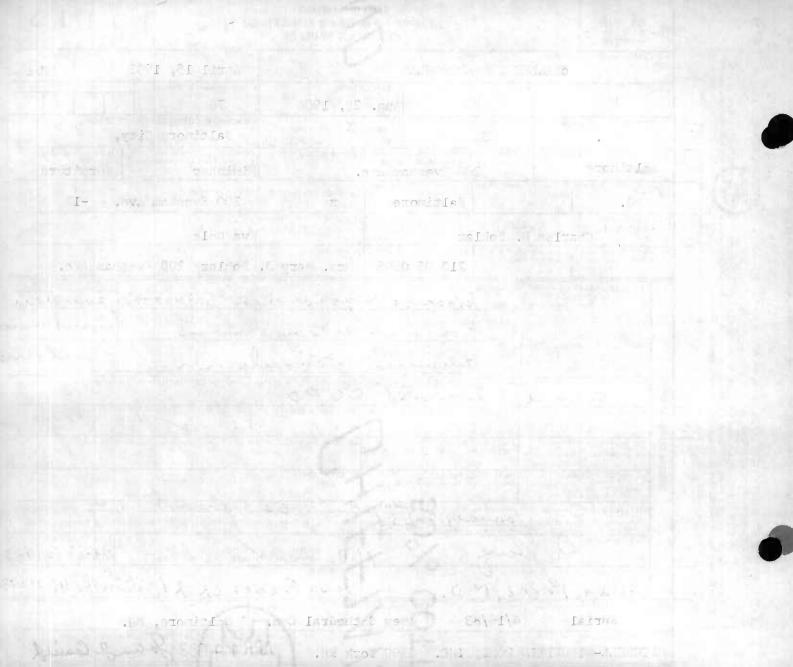
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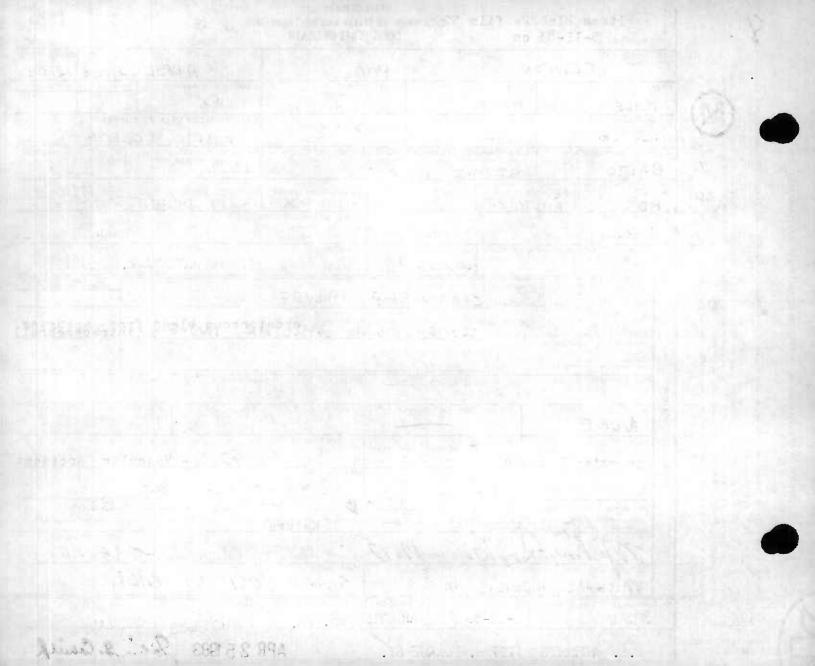
21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



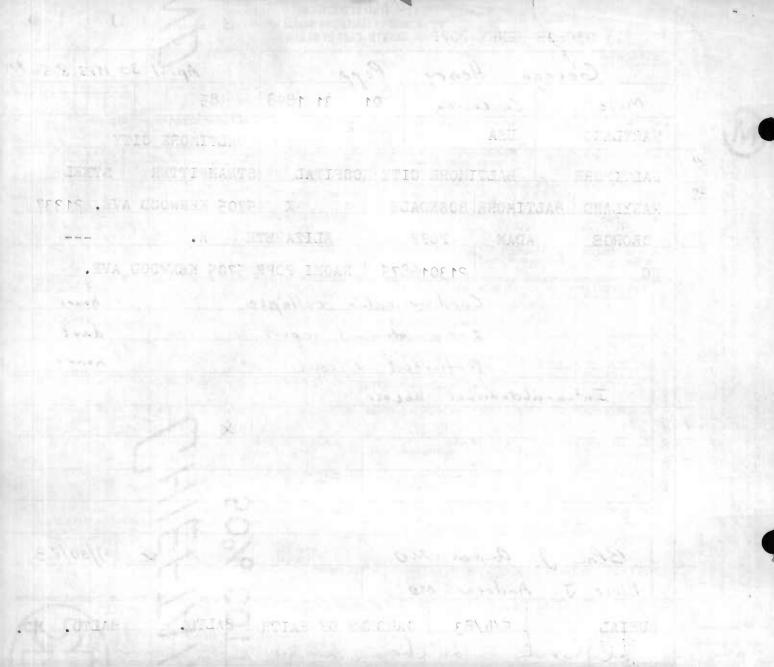
8	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0,1	13'
		EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oge 3		CHAF	RLES EDWA	RD POHLA			April 15, 1983		6:00 A M
e 4 ma ctor, po	3. SEX	М	4. RACE	I	S. DATE C	28, 1906 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
at 10 10 10 10 10 10 10 10 10 10 10 10 10		THPLACE (STATE OR FOREIGN OUNTRY) Md.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DO DIVORCED	Baltimore City or county Baltimore City		MD.
6 1 20	В	YORTOWN OF DEATH altimore	(IF NOT IN SUC	200 Evesh	address)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Finisher	FE) INDUSTRY	iture
图的	USUA 13a. S	L RESIDENCE (IF NURSING HOME TATE 13b. COI	OR OTHER INSTITUTION UNITY	Baltimo	re	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 200 Evesham Av	7e	12
200	14. FA	THER'S NAME FIRST Charles	H. Pohl	last		15. MOTHER'S MAIDEN NA	Eva Cole	LAS	37
or execut		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU 213 05		Mrs. Mary J.	ADDRESS Pohlar 200 Eve	esham Av	Ve.
I RECORDS, 201 W. PRESTON ST. e flow requires that the death certiful. n. to been signed by the attending p permit. Their please centons carbon me prior to buriof, sremulation, or rem wis only injury, or other traumatic eve	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN' SCORP. 190. DATE OF OPERATION	DUE TO, O	advous	ENCE OF	artery partery	IN CERTI	Sever Zen in Part 10 S, Were Findin FYING CAUSES SS II	NGS USED
DIVISION OF VITA ENDING PHYSICIAN. Th not as ottending physicia DB: After this certificate it is use at the bursiol trafist Health and Mental Hygie	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF T	DEATH HOUR A NER) P 210 PLACE (AT HOME, ST	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, I	moy	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE that (I) (we) last
TO HOSPITAL OR ATT resolved by the hospit should be detected to with the Stella Days of WAR MAN THE TELL OF THE OR TO THE TELL OF THE OR THE O		obove, (I) (wel) (did) (did) 17h SIGNATURE , 12h PHYSICIAN'S NAME (1)	OR PRINT)	oftenbeath	A	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	Opri	SIGNED 15,198
BP		URIAL, CREMATION, REMOVA SPECIFY) Burial	4/18/8			emetery or CREMATORY athedral Cem.	Baltimore, Mo	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		ineral director TCHELL-WIEDEF]	ELD HOME,	INC. 6	500 Y		PR 1 9 1983	TRAR'S SIGNA	thick



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deoth and a		CEASED NAME FIRST GEORGE	Henry	Popp	4 1/ T	DAY YEAR 20. HOUR 8:56 M
affer d	3. SE)	Male	Cautasian,	5. DATE OF BIRTH 931 1/898	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
1		ARYLAND	7b. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CI	TY MD.
liled w	1 _P	AT. TTMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A BALTIMORE C)	TY HOSPITAL	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI STEAMFITTER	12b. KIND OF BUSINESS OR INDUSTRY STEEL
and 2 should be examined must be	10		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TOWN	YES NO X	136. STREET ADDRESS 5705 KENWOOD	AVE. 21837
/sexoming		THER'S NAME FIRST GEORGE	ADAM POPP	15. MOTHER'S MAIDEN NA. FIRST ELIZABE	TH K.	LAST
2 medico	1	VAS DECEASED EVER IN U.S. AI (15 YES, GI	RMED FORCES? VE WAR OR DATES) 213016		ADDRESS P 5705 KENWOOD	
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ilease remove corp rial, cremation, or i or ather traumatic		Canditions, if any, which	Due to, or as a conseque			days.
ol, cremo		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ed viscous.		hount.
to bu	NO	Page 1	abdominal ab	COSS.		
shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
E 8		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	AIR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}
morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
s mo		sow the deceased alive a	n19 at) view the body after death.	, 19, and that in (my) (aur) apinian	, ta, death accurred an the date and ha	
of H 21 i		22b. SIGNATURE	0.1	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
		Blan A	andrew M	THISICIAN	_ DIKECTOK _ PHISICIAIN	1/00/0
hed ept.		Bland Bland T.	- 0 0 0	22e. ADDRESS	DIRECTOR PRINCIPAL	1//50/53.



10	1.	FOR STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3	101	17
		REGISTRAR CEASED NAME FIRST EOR PRINT)	WIDDLE	LÁSŤ	REG. N	O. MONTH DAY YEAR	26 HOUR
may be, page 3		CATHER	Rrancis	PORTER		4 14 83	5:15 AM
rector, pours after a	3. SE	x Female	CAUCASION	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
neral di		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BRITING	OR COUNTY OF DEATH	MD
	100	BACTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 1714 139471 MON	NG HOME OR OTHER INSTITUTION TADDRESS) ECHERAL HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE W	DE WORKING LIFET INDUSTRY	OF BUSINESS OR
M	13o. 3	STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFO	05 40 40 60 60 60 60	13e STREET ADDRESS	EN 026.	12/
ond 2 sh	14 F/	ATHER'S NAME Sebastia	middle Helldon	15. MOTHER'S MAIDEN N	IAME	Hare LAS	ST
Poges 1		WAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 212-40-	URITY NO. 17 INFORMANT	ADDRE	ackhead Rd.	21220
d by the attending physisese remove carbanpap al, cremation, ar removal rr other traumatic event, it		Canditions, if any, which gove rise to immediate cause (a), storing the underlying cause last.		JENCE OF		BETWEEN	daat interval Onset and death
Then plant to buri	NOI	PART 2 OTHER SIGNIFICANT C	onditions contributing to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	o
if permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
certificate prial-transi tental Hygi frem 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
e as the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
for use a af Healt 21 is ma		220.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did has	attended the deceased from 4-13 19	3-7 (g , 19) 83 , and that in (m) (our) opinio	3 , to 4-1 n death accurred on the do		that (I) (wa) last causes stated
AL DIREC detoched ste Dept. T. If Item		Steven RW	. 15	MD ATTENDING PHYSICIAN	MEDICAL STAF	FF 14 X	SIGNED Pril '8:
TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME LIYPE OF	MATTSON	22e. ADDRESS		R STREE	T
₽ ₩ \$ \$ = = •	230. 8 Bu	BURIAL, CREMATION, REMOVAL	4-18-83 N	NAME OF CEMETERY OR CREMATORY OF CEMETERY OF CREMATORY	Baltin	nore, Mary	land
H - 16 50M 4/82 (VRA 15 4)		UNERAL DIRECTOR	7401 1 Home Bat	Belair Rd. 250. D/ co. Md. 21236	ATE REC'D. BY REGISTRAR	250 REGISTRAR'S DIGHT	will

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	ta applied to the limit of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

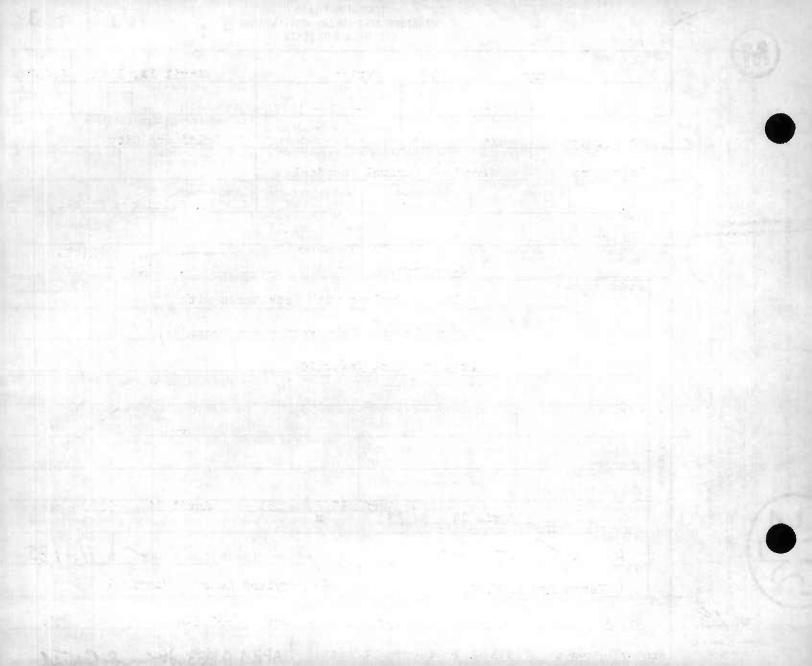
		FOR
ı	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).				
1		CEASED NAME	FIRST	,	MIDDLE	· ·	LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR		
	{TYPE	OR PRINT)	Harr	v		Po	rter		Apri	14.	1983	4:45P W		
	3. SE	X .		4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR			
		Male		Black	k	MONTH 10			65	YRS.	MONTHS DAYS	HOURS MIN.		
1/5	7a. BI	RTHPLACE (STATEORE	OREIGN		OF WHAT COUNTRY?				A BALTIMORE CITY OR COUNTY OF BEATH					
0		rth Caroli	na	USA		WIDOWE			Baltimore City					
9		TY OR TOWN OF DEA Baltimore		11. NAME OF H	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION Hospital	7	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR		
	USU/	AL RESIDENCE IF NURS	ING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	•			100	1/-	1002		
0		Md.	136 COUP	YTY	Baltimor		13d. INSIDE CITY LIMI YES K NO		130. STREET ADDRESS 1937 W. Ba	ltimo	ore Stre	eet		
0	14. FA	THER'S NAME FIRST Harry		MIDDLE	Porter		15. MOTHER'S MAIDE FIRST Carri		AE MIDDLE		LA	51		
,		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRE	55	212	223		
	()	YES, NO OR UNKNOWN)	(IP YES, GIV	E WAR OR DATES)	243-01-4	636	Margaret P	ort	er 1937 W.	Balti	imore St	treet		
		18 CAUSE OF DEAT	H (Enter or	ly one course per	line for (a), (b), an	dicti					APPRO	ONSET AND DEATH		
2	CERTIFICATION	couse (o), stotir underlying couse PART 2. OTHER SIGN	lost.	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO	ract DEATH BUT	Infection NOT RELATED TO THE	E TERMI	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED		
	ERT	21g. ACCIDENT WAS UNI	DERLYING T	7 216. TIME O	F IN JURY	-	1216 HOW INJURY O	CCURR	YES NO NO			140		
7	-	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR 19		CCORR	ED (EMERICALION OF INCO.	7 10 11 (11 12	7411			
	MEDICAL	21d. INJURY OCCUR!	ente 🗍	210. PLACE	OF INJURY SEET, FACTORY, OFFICE, F	FARM ETC)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE		
		22a.l certify that X sow the decease obove, X (we) (c. 22b. SIGNATURE	ed olive on		14 19			ING _	, to April death occurred on the do	F	our and from the	that XI (we) lost couses stated ESIGNED		
1		22d. PHYSICIAN'S N		nt, M. I			220. ADDRESS		nd General		Ltal			
-	23n F	SURIAL CREMATION.				NAME OF C	EMETERY OR CREMAT		I23d LOCATION					
	((SPECIFY) Burial	NEMOYAL	4-18-			Hill Cemete		Baltimor	6	COUNTY	Md.		
		JNERAL DIRECTOR		1 4 10		July 1			E REC'D. BY REGISTRAR		TRAR'S SIGNA			
	Br	own/Thomps	on FF	I 1913 W	. Baltimo	re St	reet	APE	2 1 0 1093	2	00			
		C ZIIOMPO						-		April Married	the sample of the State of	2 X Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		

DHMH - 16 50M 4/ (VRA 15, 4)

retained by the haspital or ottending physician.



23b. DATE

George J. Gonce F.H. 4001 Ritchie Hgwy.

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

23e BURIAL, CREMATION, REMOVAL

(SPECIF

DHMHT- 16 50M 1/81 (VRA 15, 4)

Buria 24. FUNERAL DIRECTOR

FRANK

RACE

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR POTEE APRIL 10 1983 9.452 DATE OF BIRTH IF UNDER 1 YEAR **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Balto. City 13e. STREET ADDRESS 560 Grays Creek Rd. MIDDLE McPherson ADDRESS (same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

23d LOCATION

Brooklyn

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SONATOR

23¢ NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

22c. DATE SIGNED

A.A.Co.

accident (att will come) autoff . (Lambold | cet -10- 15) The trunk of the last a last a country of the count the offending physicion

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	10.	
(179	CEASED NAME E OR PRINT)	L'LD.	A ALI	MIRA -	Pot	teigen	20. DATE OF DEATH	4/15/8	35 8 45 M
3 SE	FEMALE	4	RACE WHI	ľE	5 DATE C	L/9/1909 YEAR	6 AGE (IN YEARS LAST BE	PRINDER MONTHS:	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
	IRTHPLACE (STATE OF COUNTRY) EELLING, W		U.S	WHAT COUNTRY?	8 MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY	ORE CITY	
10. €	ITY OR TOWN OF DE		1. NAME OF H		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. F	MD. KIND OF BUSINESS OR JSTRY KER
	AL RESIDENCE (IF NUF STATE ARYLAND	BALIY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 32 BROA	DSHIP ROAL	21222
4	FREDERIC	K I	DDIE R.	CARDON		15. MOTHER'S MAIDEN NAI ROBERTA	M.		RÖSS
160 \	WAS DECEASED EVER		ED FORCES? WAR OR DATES)	216.07.8		JACK R. POT	TEIGER (SON		5 13)
CERTIFICATION	gove rise to im couse (o), stori underlying cous PART 2. OTHER SIG	ng the e lost. NIFICANT CO	(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE	
MEDICAL CERTI	21g. ACCIDENT WAS UN OR CONTRIBUTING (HE EITHER NOTHY MED 21d. INJURY OCCUR WMILE NOTHY AT WORK	CAUSE OF DEATH HICAL EXAMINER) RED HILE D DRK	P.A 21e PLACE C (AT HOME, STRE	M. MONTH DA M. DE INJURY EET FACTORY, OFFICE, F.	19	216 HOW INJURY OCCURR	YES NOTER NATURE OF INJU		
	22a. I certify tho (1) saw the decep- obove. (1) (we) 22b. SIGNATURE 27d. PHYSICIAN'S N	did (did not)	1. / //	1	1	DEGREE ATTENDING PHYSICIAN 272 ADDRESS	MEDICAL STA	FF 22c.	DATE SIGNED DATE SIGNED ALLICIA
	BURIAL, CREMATION	, REMOVAL	23b. DATE 4/16/			EMETERY OR CREMATORY OUNT CREMATORY	23d LOCATION BALTIM	ORE COUNTY	MARYLAND

21222

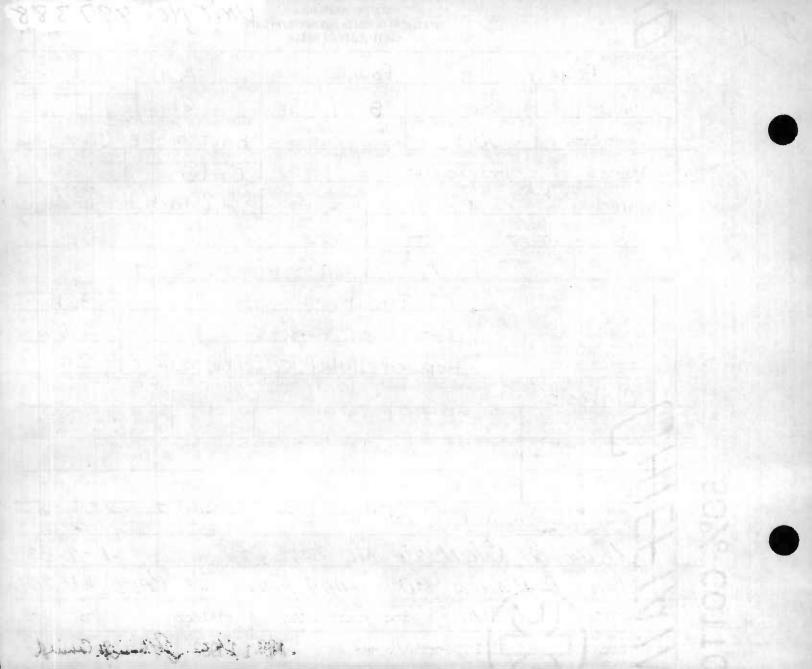
DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY, INC., DUNDALK MD.

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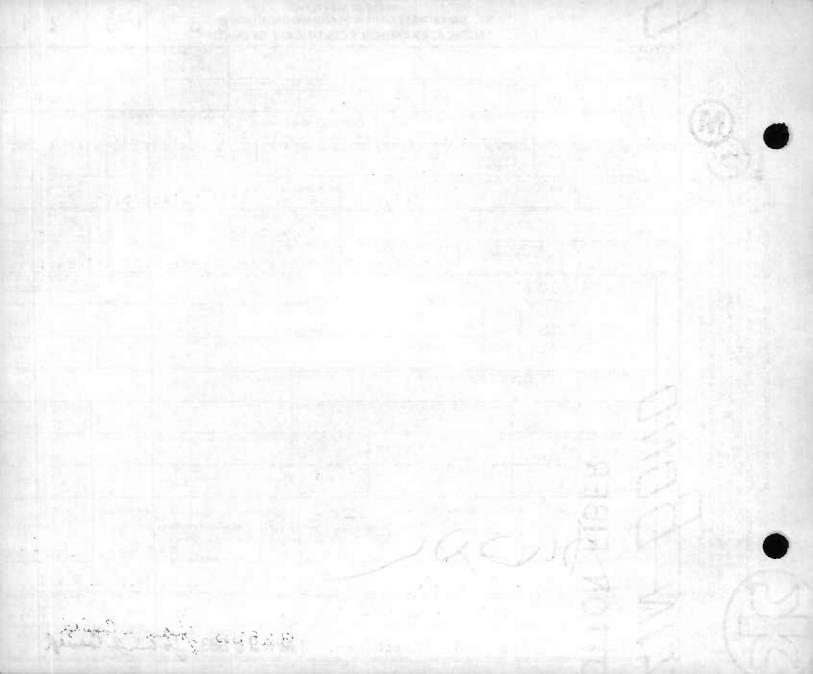
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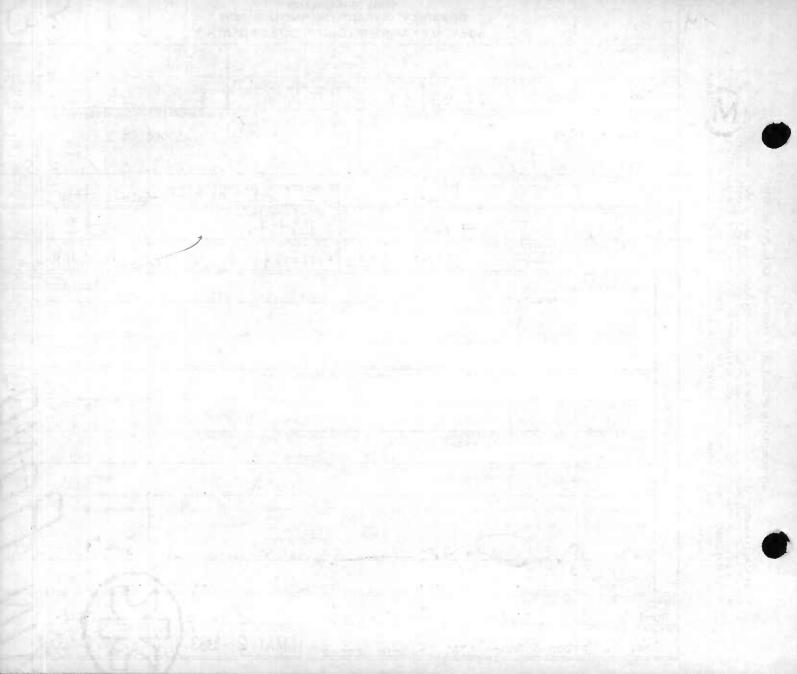
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1.		EGISTRAR		ME		EXAMIN	IER'S C	ERTIFICAT	E OF DE	ATH -	REG. NO.			
		EASED NAME	FIRST		WIDDLE			LAST		20. DATE KNO	WN X	AONTH D.	DAY YEA	AR Zb. HOU
	,,,,,	OK / KII 1 /	PATRI	CIA	Ann		PF	RATT		DEATH MA	TED	4 21	1 19 8	33
3	SEX	4.1	RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE			DER 24 HRS.	2c. DATE		ONTH D		AR 24 HOL
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70		THPLACE (STATE	OR	76. CITIZEN OF W	HAT COUN	VTRY?	8 MADDI	ED NEVER M	APPIED [9. BALTIMOR	CITY OR C	OUNTY		
4		. Caro	lina	U.S	. A .		WIDOW	ED DIV	ORCED XX	Baltim	ore Ci	tv		AAI
10	CIT	Y OR TOWN OF	DEATH	11. NAME OF HO			E, OR OTH	ER INSTITUTION	112a US	UAL OCCUPAT	ON (TYPE OF	WORK 12b	OR INDU	BUSINESS
4		Balti	more	4600 blk		ner Ave	2		FOR	MOST OF WORKING	LIFE)		OK INDU	JSIKT
	SUAL a. ST.	RESIDENCE (IF II	N NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE	E BEFORE ADMISS		had more our con-		DEET ADDRESS	DUS.		21	215
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14		HER'S NAME						15. MOTHER'S M		E				
1	В	o y d		WIDDLE	Mod	ore		FIRST	nthia	MIDDL		Wi	11ia	ms
16	s. W.	AS DECEASED E	VER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17. INFORMANT			DDRESS			Rd.
		, no, or unknown NO	(IF YES, GIVE	WAR OR DATES)	25	1-82-	0457	Delore	s Ann	Pratt	4136	6 Re	iste	
F	-	18 CAUSE OF D	EATH (Enter on	ly ane cause per line								T	APPROXIA	MATE INTERVAL
		PARTIDEATI	HWASCALISE	D BY: TE CAUSE (a)		(-1.)	home	orrhade				-	BETWEEN OF	NSET AND DEATH
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			if any, which	5	Puntur	ed bor	rv a	neurysm				112		
			to immediate			SEQUENCE		leur ysiii					-	
		lying couse I	ost.			102 4021162								
ı	1	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	AINAL DISEASI	OR CONDITION GIVEN	IN PART 1 (a)					
1	_								THE THE					
	¥	190. DATE OF OF	ERATION	196. COND	TION FOR	WHICH OPE	RATION W	AS PERFORMED?				12	20 AUTOP	SY?
	FIC												YES X	ON O
1		210. EXTERNAL C	_	216. TIME O			21c HC	OW INJURY OCCI	URRED (ENTER	NATURE OF INJURY	N ITEM 18 PART	1 OR PART 2)		140
		UNDERLYING CONTRIBUTING	OR CAUSE OF			DAY YEA	R							
	V L	214 INJURY OCC	_	21e PLACE	OF INJURY	(AT HOME,		CATION		- 400				
	E	WHILE AT WORK	OT WHILE	STREET, FAC	TORY, FARM, E	fC.)	5	TREET		CITY OR TOWN		COUNTY		STATE
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				ge of the remains de					ection .	Inquiry L		my opinio	n	
		death resulted f	Notus	ral causes X,	Accident	□, S	ncide	, Homicide L		termined monne	r			
		ACTUAL S	M	()	XX	1		TITLE (SPECIF				DATE	1 21	07
1		SIGNATURE /	110	1	A	1	M	D. Assist	ant_mer	DICAL EXAMINE	R	SIGNED.	4-21	-85
		EXAMINER'	ME Ann	M. Dixor	. M.E).	-	1	11 Pen	n St., I	Balto.	. Md	. 212	201
72		TYPE OR PROTO			1			R CREMATORY		OCATION		,		
23	(SP	BURIAL	IN, REMOVAL	736 DATE 4/27/8	3 K	ing M	emor	ial Pk.	°R	ahda11	stown	n COUNTY		™d.
1						0				Y REGISTRAR			NATURE	
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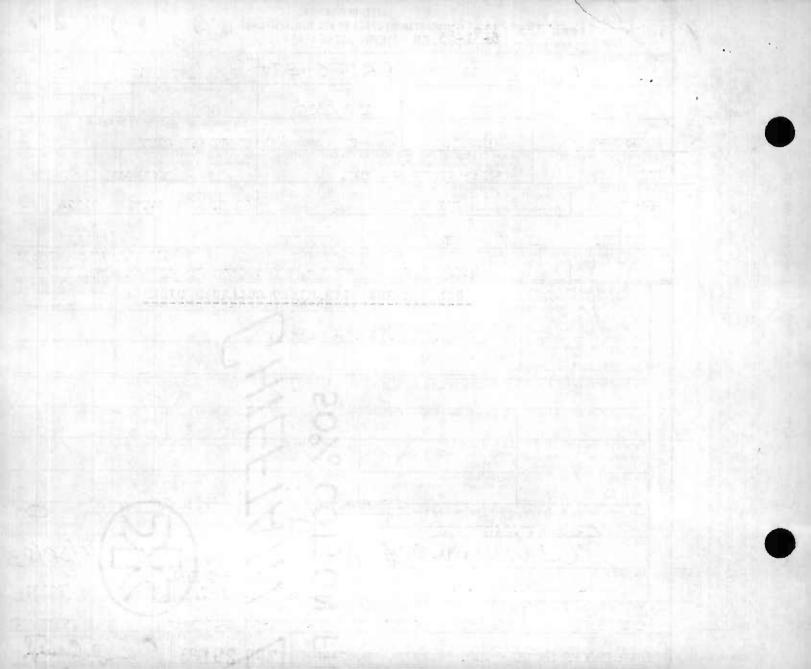
FOR STATE		HEALTH AND MENTAL HY	26 .4	1 4 3
REGISTRAR			REG. NO.	
TYPE OR PRINT)			OF ESTI-	DAY YEAR 26 HOUR
			DEATH MATED 4	27 1983 A
Male Black	MONTH DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	4 riks. A. DAIE	27 1983 24 HOUE
RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUN	
BALTO. Md.	U.S.A.			/
CITY OR TOWN OF DEATH		, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
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STATE OF MARYLAND



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	23a B	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 4/5/1983		EMETERY OR CREMATORY D MEMORIAL PK.	23d LOCATION CITY OF TOWN BALTO.	COUN	MD STATE	
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A. Alan Seitz, Jr. 3818 Roland Ave. 21211

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Lorraine Park

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Burial

A. Alan Seitz, Jr. 3018 Foland Ave. 21211

1/19/83

4	1				STATE OF MARYLAND		- 1 0 0	
	2	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTA		0 1 2 9	
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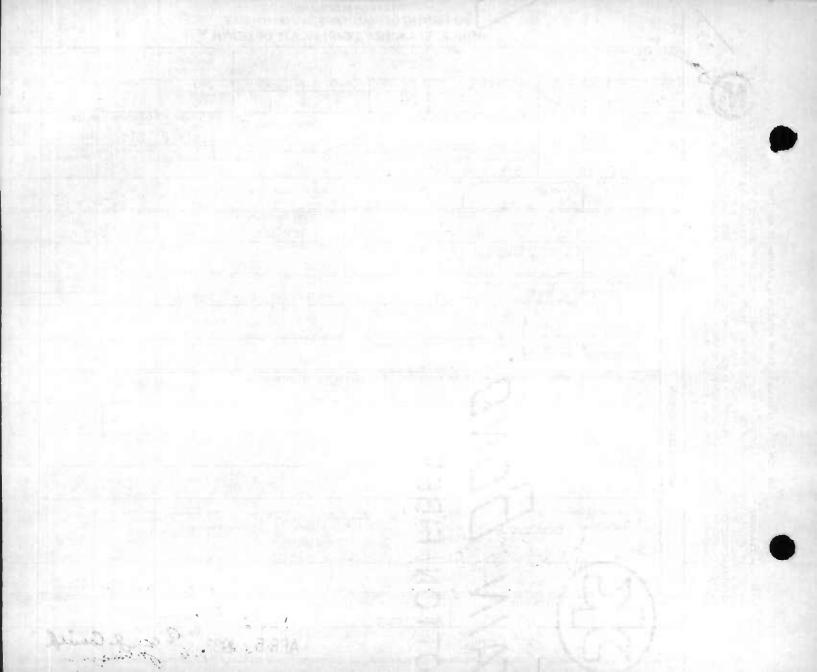
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	1		STATE OF MARYLAND	
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رف مو ي		SAUAL RESIDENCE (1)		OR OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADD	RESS				
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ourial-transit per Mental Hygiene per r frem 18 shows	- 3	21a. ACCIDENT W	AS UNDERLYING	21b. TIME C			21c. HOW INJ	IURY OCCUR	RED (ENTER NATURE	-		OR PART 2)		
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DIRECTOR: oched for us Dept. of He If them 21 is		22b. SIGNATUR	we) (did) (did n	at) view the bady	rafter death.		DEGREE					22c. DATE		ŀ
detoch tote De		Robe	A A	M:11	21	MO	A ⁻	TTENDING	MEDICAL	STAFF	1	11	27/83	
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Althornoon prompting it is though Robert A Miller MID

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	S REG. I	10.	0	1	3	4
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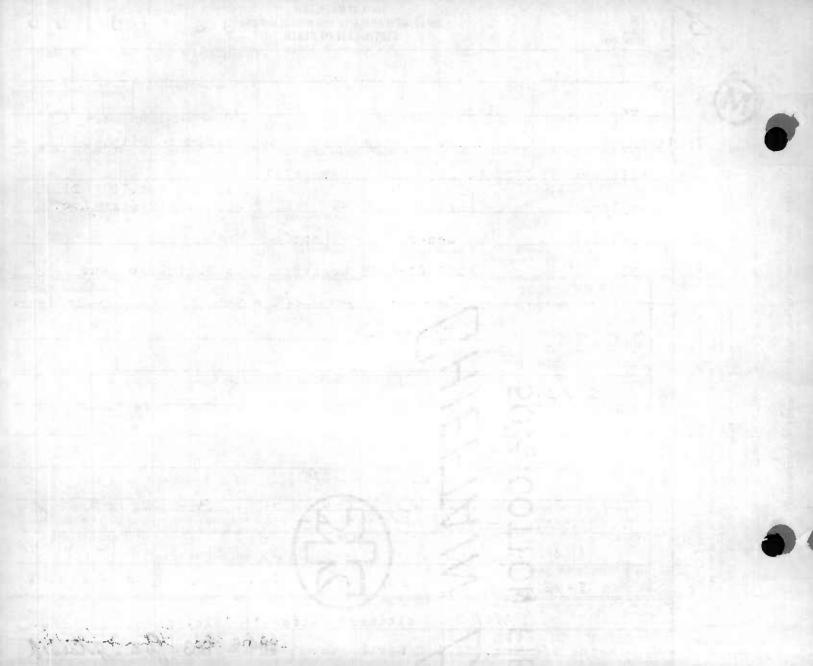
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	3. SE	X	4.	RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
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		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
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		gave rise to imm cause (a), stating		DUE TO OR	AS A CONS	SEQUENCE OF				
		underlying cause	last	(c)					Jin Line	
	7	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110	1
	CERTIFICATION	woh								
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1		210. ACCIDENT WAS UND	_	21b. TIME OF HOUR A.M		H DAY YEAR	ZIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
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	WED	21d. INJURY OCCURR		210. PLACE O		OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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2		220. I certify that (I) saw the decease			A 12	07		, ta		that (I) (we) last
4	- 1	above, (1) (we) (d 22b. SIGNATUSE	() (did not)	yiew the body a	itter death.		DEGREE	accompanies on the date of	226, DATE	
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	22 6	011		AREC		[] mi)	EMETERY OR CREMATORY	1236 LOCATION	2120	
7)		BURIAL, CREMATION, F (SPECIFY) Burial		Apr.7,1			d Memorial	Baltimore	COUNTY	STATE
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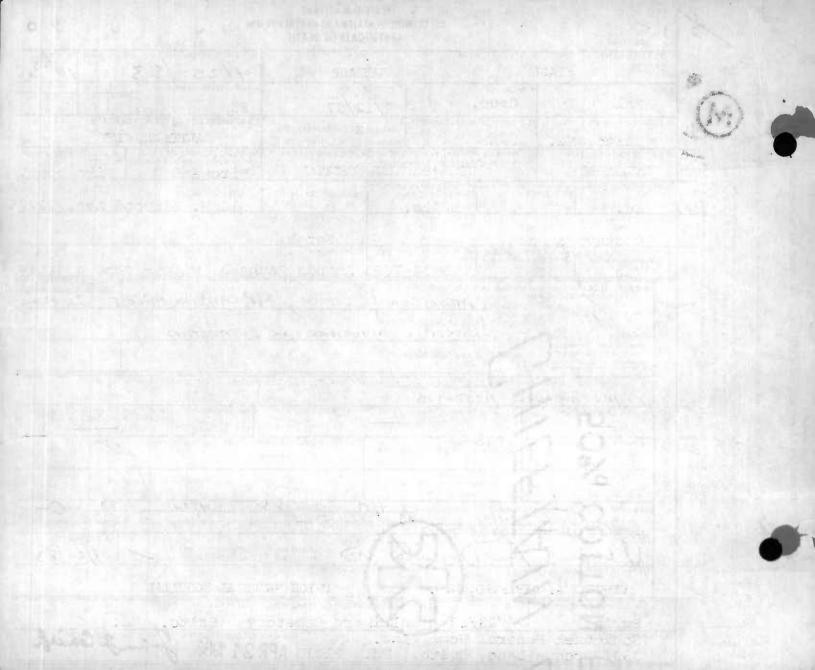
14 FUNERAL DIRECTOR
L'ÉGNARD J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIRST LAST OF DEATH MONTH TYPE OR PRINTS Charles Donald REAGLE 4 RACE 5. DATE OF BIRTH MONTH Male White 11. 1911 June BIRTHPLACE ESTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED T WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Long Green Nursing Home Florist Flowers USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 21217 Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 301 McMechon Street YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George T. . Reagle Bertha Sykes 17 INFORMANT Attorney: 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO HEYES GIVE WAR OR DATEST S. Vannort Chapman, Keyser Bldg., Balto., MD 220-05-2580 Yes WWIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH BUT AND THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20tr. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES F NO T 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH F.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21¢ PLACE OF INJURY 211. LOCATION AT HOME STREET FACTORS OFFICE TARK STREET CITY OR TOWN WHILE NOT WHILE 27s.1 coeffey that Its other house and that in (my) (our) opinian death occurred by the date and haur and from the causes stated DEGREE TH. DATE SIGNED ATTENDING _ MEDICAL DIRECTOR PHYSICIAN 22d. PHYSTCIAN'S NAME ITYPE OF PRINT William G. Helfrich, M.D. 5006 Roland Avenue, Baltimore, MD 21210 230 BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23rt LOCATION Cremation 4/15/83 Green Mount Crematory Baltimore

OHMH-1650M1/BI
(VRA 15, 4)

24 FUNERAL DIRECTOR

STEWART & MOWEN CO., 108 W. NORTH AVE. 21201

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ATTIVALE & MODER CO., 108 W. HORTH AVE. 21201 APR 1 9.008 10 C. L. & Carrell

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m	3. SE		1 RACE White		5. DATE OF	1, 7941 YEAR	6. AGE (III	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
36	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	7 0	orecity or cour ltimore (i	ty of DEATH	MD.
by the filled with	Bo	TY OR TOWN OF DEATH	St. A	nes Hosp	ital, E	Balto.Md.		LOCCUPATION DRK FOR MOST OF WORKING Penaton	G LIFE) INDUSTRY	BUSINESS OR
filled in hould be	Mai	ryland Ba	Co.	GIVE RESIDENCE BEFORE 13c. CITY OR JOW Lansow	ne	13d INSIDE CITY LIMIT YES NO	2010	Sulphur S	pring Rd.	1227 Lansdow
campletely 1 and 2 st		THER'S NAME FIRST George N	icholas	Redolf	Sr.	15. MOTHER'S MAIDE! FIRST Sue	NAME	MIDDLE	Stinso	n.
S. Pages medic		VAS DECE ASED EVER IN U.S. A ES, NO OF UNKNOWN) (IF YES, C	RMED FORCES? IVE WAR OR DATES)	213-36-5		Mrs. Betty	L.Redolj	l, Same as		
by the attending physisse remave carban pap i, cremation, ar remava other traumatic event,		18. CAUSE OF DEATH (Enter: PART I. DEATH WAS CAUSE 43.2 IMMEDI Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF	Rumor	slage		Sh.	ATE INTERVAL USET AND DEATH
t. Then plea or ta burial y injury, ar o	TION	PART 2 OTHER SIGN ICAN	eitensio	ONTRIBUTIONS TO	registre	OT PENATO TO THE	TEMINAL DISEA	stake	YES, WERE FINDING	the
ransit permit. Hygiene prior 18 shaws any	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OF INJURY	P. P.	21c HOW INJURY OC	YES 🗆	NO IN CER	RTIFYING CAUSES C	
After this certifica e as the burial-tran alth and Mental Hy marked ar Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	19	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR: Aftrance as at Health		220 Certify that (I) (this has saw the december allow above.	00	· VAL		that in (my) (our) ap	, to	red on the date and		ouses stated
FUNERAL DIRECT OF State Dept.		226. SHOTH FLORE 226. PHYSICIAN'S NAME STYP	OR PRINT)	ALL	M	ATTENDIT PHYSICIA 22e ADDRESS	NG MEDICA	STAFF	41Z	3.83
TO FUNERAL should be determined by the should be determined by the state important; if	23a. E	Gregory F	MCAULI L 1236. DATE	He, MID	NAME OF CE	METERY OR CREMATO	ORY 23d. LO	CATION		
BP		SPECIFY) Burial	April	-		aven Mem. P.	CI	n Burnie.	A. A. Co. Ma	ruland
- 16 50M 4/82		UNERAL DIRECTOR				21230 250	APR 2	REGISTRAR 256. REC		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

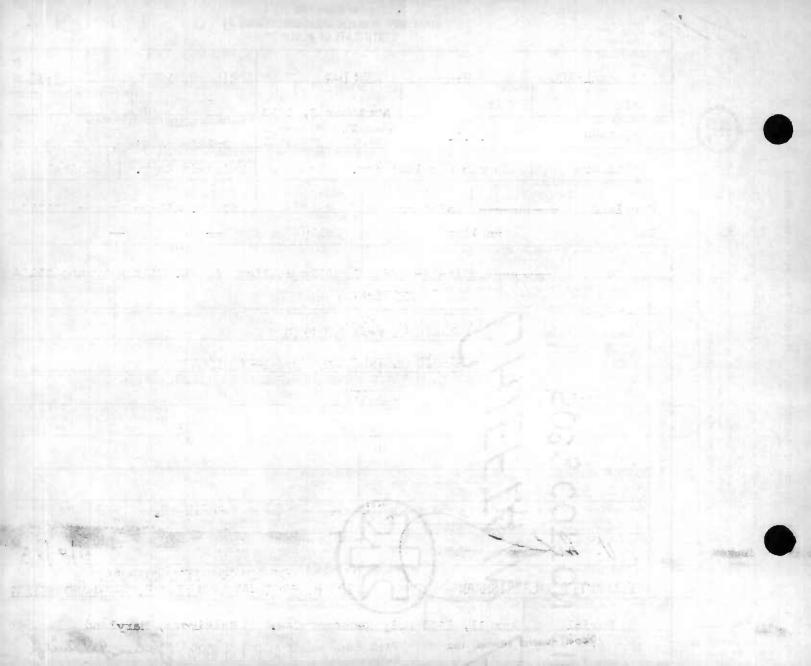
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Baltimore Md

DIVISION OF VITAL RECORDS,

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

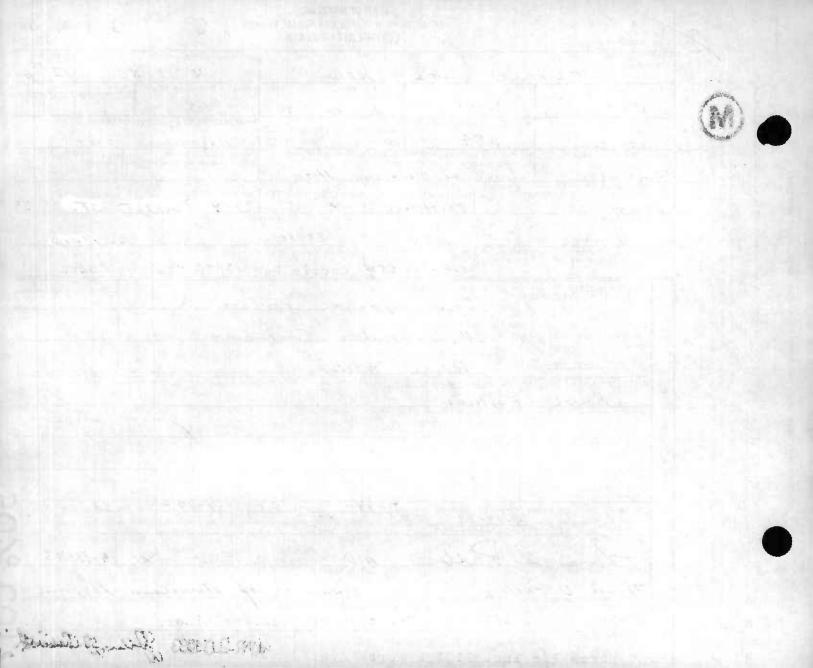
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		e deceased fram_	1) -/	7						4000	t (I) (we) lost
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DHMH - 16 50M 4/82 (VRA 15, 4)

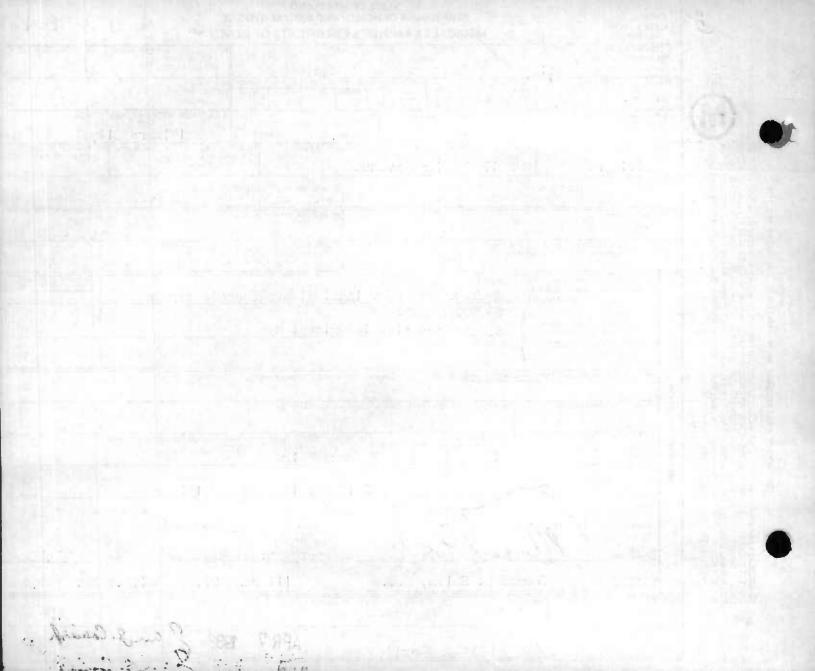
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24 FUNERAL DIRECTOR

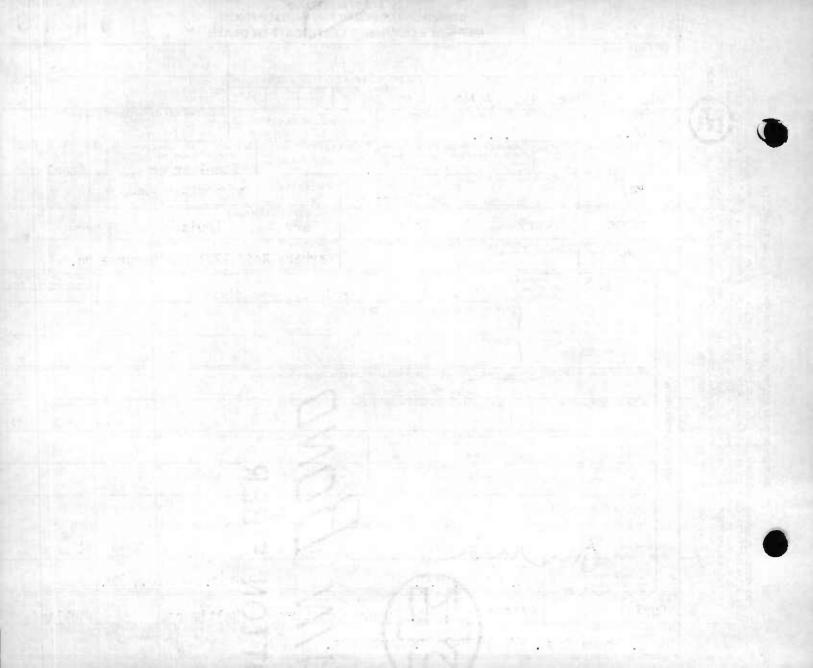
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	3. SEX	4. RA		5. DATE OF BIRTH	VF. 1.	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 20	. DATE		MONTH	DAY	YEAR	2d HOUR
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17	fO	REIGN COUNTRY)	,	11	CA		WIDOW		VER MARRI	IED 📙		altimo	_			
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5	13a S	TATE	136 COUNT		13c. CITY	ORTOWN		13d. INSIDE C		13e. STREE						
4		MD]Bal	timor	e	YES	NO []	29:	17 V	lbool	and	Ave	_ 2	1215
7	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAIDE	NAME	М	HODLE			LAST	
4					Wigo				ess					Wia	gin	S
	16a. W	(AS DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SO	CIAL SECURIT	YNO.	17. INFORA	TNAM			ADDRES	Š		100	
ı	N	0			214	1-58-1	690	Gary	Rei	d, Si	r. 1	06 N	. Hi	lto	n S	-
ſ		18 CAUSE OF DEA	TH (Enter anl	y ane cause per line										AP	PROXIMATI	E INTERVAL T AND DEATH
		PART I DEATH		E CAUSE (a) Sm	oke a	and soc	ot in	nalat	ion ar	nd acu	ute d	carbon)	0,00	Eth Orest	T KIND OL KIII
	7	870	2		X\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	《秋风秋风秋	<x< td=""><td></td><td>7-11</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></x<>		7-11	7						
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- 1		cause (a) statir	g the under-	7 / 100		SEQUENCE				-		10.70				
- 1		lying cause las	1	(4)												
- 1		PART 2 DIHER SIGNIFICA	INT CONDITIONS ((c) CONTRIBUTING 1D DEATH	RUT NOT REL	ATED TO THE TERM	AINAL DISEASE	DR CONDITIO	N GIVEN IN PAI	PT 1 (a)						
-	Z		4													
ᅱ	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDI	TION FOR	WHICH OPER	RATION W	AS PERFOR	MED?					20. A	UTOPSY	?
	FF														ES X	NO 🗆
7	ERT	21a. EXTERNAL CA	JSE WAS	216 TIME OF	INJURY		21c HC	W INJURY	OCCURRE	D (ENTERNA	TURE OF IN	JURY IN ITEM 18	PART 1 OR PA		E2 M	NO L
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		21d. INJURY OCCU		21e PLACE				DUSE	rire							
1	ME	WHILE NO	T WHILE 12	STREET, FAC	TORY, FARM, I		S	REET			CITY OR TO			YTHUK		STATE
1		AT WORK AT	WORK	n	ome		291		dland	Ave,	Bal	timore)			Md.
		22a I certify tha	I tack charge	e al the remains de	cribed ob	ove, held	Autop	y X	Inspection	n	Inquiry	□ , ∘	nd in my aj	pinian		
		death resulted Ira	m: Natur	algauses . /	Acadego	L. // Su	ncide	Hamie	cide .	Undeter	mined mo	anner XX				
			/ //		1/4	-1		TITLE (S	SPECIFY)							
		ACTUAL SIGNATURE	14	mou	1/60	sel.	M	Depu-	ty Chi	e fAEDIC	ALEXAN	AINER	DATE	ED	4/5	/83
2	-		_			1.7										
4		EXAMINER'S NAMI (TYPE OR PRINT)		homas D.	Smith	, M.D.		ADDRESS_	111	Penn	St.	Ва	ilto.,	, MD		
	23a BU	JRIAL, CREMATION,				NAME OF CE				23d LOC	ATION		COU	NTY	c	TATE
	12	Burial		4/8/83	W	estvi	ew M	em. 1	Pk.			ville	9		MĽ	
	24. FU	NERAL DIRECTOR		ADDRESS					250. DATE	PEC'D. BY R	EGISTRA	R 296 REG	ISTRAIO S	I AME	IRELE	0/150
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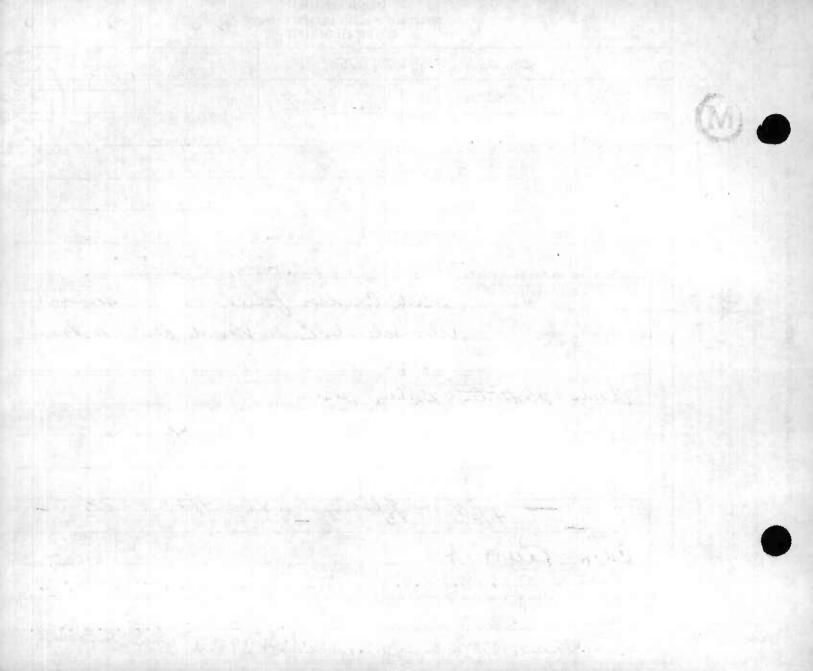
20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT CHARLES W. REINBOLD April 23 1983 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male White Aug. 5,1905 HIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED Baltimore City O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore 1820 Spence Street Driver Trucking 13b. COUNTY 13e. STREET ADDRESS Md. Baltimore 1820 Spence YESTE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Reinbold 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Riviera Beach, Md. 21122 (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 215 05 0537 Jack E.Gauss, 215 Arundel Rd II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: A CONSEQUENCE OF gave rise to immediate cause (a), stating the underlying cause last. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (thus been tall attended the deceased from saw the deceased alive an_ and that in (my) (aux) opinion death accurred on the date and hour and fram the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN /25/83 22e ADDRESS CLIFF RATLIFF, JR., M.D. 5772 Westview Mall, Baltimore, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4/26/1983 Cedar Hill Cem. BrooklynPk.

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie Hg., Baltimore



				STAT	E OF MARYLAND				A 00 5
1	FOR - STATE REGISTRAR	The state of	DEPART	CERTIF	ICATE OF DEATH	REG. N	1 0		4/
	ECEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		BERT	L. R	ENDH	AN	11 /	1/23/83		7:308
3. SE	EX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF UNI	DER I YEAR	IF UNDER 24 H
-	M	Whi	te	57	11/05 YEAR	77	YRS.	DAYS	HOURS MI
	BIRTHPLACE (STATE OR FO	PREIGN 76 CITIZEN	OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Md	TI.	S.A.	MARRIE		Baltimo	re City		
10. 0	ITY OR TOWN OF DEAT	H 11. NAME	OF HOSPITAL, NURSI	ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12 DE WORKING LIFE) IN	NDUSTRY	F BUSINESS
msi	Balto.	The second secon	Agnes Hos			Welder-St		il	
		Balto.	13c CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 250 Glenmo	Baltimo re Ave.		Md. 1228
14. F	ATHER'S NAME FIRST William	MIDDLE A.	LAST		15. MOTHER'S MAIDEN NA FIRST Anna	ME MIDDLE		Seli	
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Mrs.Mildred	0 Whistler P.Jones		1to.	, Md.
7	Conditions, if any, gove rise to imme couse (o), stating underlying couse	which odiote	D, OR AS A CONSEQU D, OR AS A CONSEQU	Nen	ussi a				
NO	PART 2 OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)3
CERTIFICATION	19a DATE OF OPERAT	ON 196 CC	ndition for which	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES []	RE FINDIN CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	LUSE OF DEATH HOUR	AE OF INJURY A.M. MONTH E P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
MEDIC	21d. INJURY OCCURRE WHILE DOT WHILE AT WORK AT WORK	E (AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE,	, FARM, ETC)	211. LOCATION STREET	CITY OR TO	IWN C	COUNTY	STATE
	27a I certify that (I) (i sow the deceased above (I) (we) (did 21t 51C NATURE)		4/25 19	83.0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF A		
1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	1	-	22e ADDRESS				7 00
	Lower	ance Zai	Iman M.I).					

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

21219

23d. LOCATION
CITY OR TOWN
Balto.

250. DATE REC'D. BY REGISTRAR TO REGISTRAR GOOD TURE APR 2 9 1983

COUNTY

Md.

DHMH-16 30M 2/80 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL Entombment

Truman

23b. DATE

Schwab

Apr. 26, 1983

. And the second of the second APRICA PARTICIPATION OF THE PA

1				STATE OF MARYLAND	Writ NO	. 67770	21
	1-	FOR Item 4 phon STATE REGISTRAR	e 4-27-83 OFF	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	1974	B
30.71	LDEC	TEASED NAME FIRST	MIDDLÉ	LAST	REG. NO.	DAY YEAR 26. HOUR	_
34		00.000	LABETH	RESTIVO	4	19 83 10	30
	3. SEX	FEMALE	4. RACE C White	S. DATE OF BIRTH MONTH DAY YEAR 10 31 13	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	HRS MIN.
コド		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
~	10 CI	Maryland TY OR TOWN OF DEATH		WIDOWED DIVORCED (126 USUAL OCCUPATION	12b. KIND OF BUSINES	MD.
)	- 1	BALTIMORE	(IF NOT IN SUCH FACILITY GIVES!		TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	A A. I
4	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR	VTY 13c. CITY OR 1		13. STREET ADDRESS	OKHILL Rd	.2121
0		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST	
X	_	WILLIAM	G VAN		RET	Ely =	
1	16e. V		MED FORCES? 16b. SOCIAL S VE WAR OR DATES) A12-	09 1893 PAUL RE	ADDRESS	BROOK HILL	Ref
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b	ond (ct.)		APPROXIMATE INTERVA	AL EATH
		IMMEDIA	TE CAUSE (0) Chony	c Revolt for	we;	10	
и		1149	DUE TO, OR AS A CONSE	QUENCE OF	aslasin CHF (000	
		Conditions, if any, which gove rise to immediate	(b) <u>ca o</u>		asam, CAT.	OFOL	
		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF			
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110	-
	CERTIFICATION	19a, DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED	
1	IFIC					ERTIFYING CAUSES OF DEATH	?
5	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE		
	CAL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
	MEDIC	214 INJURY OCCURRED	210. PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STA	1F
	M	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.]			
		220.1 certify that (# (this hosp	ital) attended the deceased fro	om 4-6- ,19-8	3 , to 4-19	, 19_ 	e) lost
	X.	sow the deceased alive on	t) view the body after death.	9 ond that in (my) (our) opini	on death accurred on the date on	d hour and from the causes state	ed
		22b. SIGNATURE	0 111	DEGREE		22c. DATE SIGNED	
		Mohla	radory.	ATTENDING PHYSICIAN	MEDICAL STAFF	P 4/19/8	3
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
		SHOBHA	REDDY	SINAI	HOSPITA	L BALII	Mode
-	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION		
	(Removal.	4/21/83		CITY OR TOWN	COUNTY STA	TE
20	24 FL	JNERAL DIRECTOR		25e. t	DATE REC'D. BY REGISTRAR 250 R	EGISTRAR'S SIGNATURE	
82		Anatomy B	Board		PR 2.5 1983	and wind	

BOSHS . over Stone of SON, and The to the transfer of the same of the contract of

		1	Itam 7a&1	1, 13ath		TATE OF MARYLAND				100 00
		1.	FOR STATE 5-11-83	14	DEPARTMENT	OF HEALTH AND MENTA TIFICATE OF DEATH		3	0 1	5 0
		I. DE	CEASED NAME		MIDDLE	LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	2b. HOUR
2	71	(TYP	EORPRINT) Ba	byboy	Rhyme			4	2183	4100 M
NO E	9	1. SE	X M	CM. RACE		TE OF BIRTH		IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4 90	The state of the s		//	13		4 21 8.		YRS.		1 40
	# IM	39	PLACE (STATE OR FOREIGN		WHAT COUNTRY?	RRIED NEVER MARRIE	D IVI	MORE CITY OR COUNT		
2		0	Baltimos		WIDE	OWED DIVORCE		ltimore Cit		MD.
offer	11 88	1	But Mil	(IF NOT IN SUC	CH FACILITY, GIVE STREET ADDRESS)	TYPE OF W	VORK FOR MOST OF WORKING	(IFE) INDUSTRY	F BUSINESS OR
120 ours	100		AL RESIDENCE (IF NURSING III)	EDECTHER INSTITUTION	GIVERSITY H					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN: The law requires that the death certificate he executed within 24 hours		134.	Md Md	DUNTY	Baltimore	YES TO NO	130. STREE	E 41St		21218
NRYLA!	12	14. F.	ATHER'S NAME			15. MOTHER'S MAID				
MAR	13 200	1	Askia	WIDDLE	. Rashad	SHAR	MEL	MIDDLE	Rn	yme
DRE,	9 6 9		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY N	O. IT. INFORMANT	10000	ADDRESS		U
TIMO	100									
BAL	at the		18 CAUSE OF DEATH (Enter	only one couse per					BETWEEN O	MATE INTERVAL
ST.,	701			DIATE CAUSE (a)	Immau	inity				
NOT to	endi n, or moti	1	100.		R AS A CONSEQUENCE C)F				
PRES	movie notice		Conditions, if any, which gave rise to immediate							
W to	ed by the please re riol, crer or other		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUENCE C)F				
201			PART 2. OTHER SIGNIFICAN	147	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISE	ASE OR CONDITION G	IVEN IN PART 110	
RDS	Then por to bu	N N								
SECO Sec	s been s been s only	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	TION WAS PERFORMED	20a AL	JTOPSY? 206. IF YI	ES, WERE FINDIN TIFYING CAUSES (GS USED OF DEATH?
TAL The	iction.	R	71g. ACCIDENT WAS UNDERLYING	216. TIME O	SE IN HIRV	131. HOW INTURY	YES [YES 🗌	NO 🗆
NA NA	ng physical certificate riol-transit entol Hygi them 18 sh		OR CONTRIBUTING CAUSE OF		M. MONTH DAY Y	AR TIC HOW INJURY C	DCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	J PART I OR PART 2)	
SION OF VI	nding physicion his certificate his buriol-transit p. Mental Hygien or Item 18 show	MEDICAL	21d. INJURY OCCURRED	INER) P.		211. LOCATION	1			-
VISIC G PH	the the	ME	WHILE ONT WHILE OF AT WORK		REET, FACTORY, OFFICE, FARM, ETC			CITY OR TOWN	COUNTY	STATE
			229 1 certify that (I) (this ha	ospital) attended th	e deceased fram	. 19_	, to		, 19	hat (II (we) lost
	hospital RECTOR: red for us ppt. of He hem 21 is		sow the deceased alive abave, (I) (we) (did) (did	on	after death.	, and that in (my) (our) o	pinion death occu	rred on the date and ho	our and fram the c	auses stated
880			226. SIGNATURE	man il	,	DEGREE	urnic.	AL STAFF	22c. DATE S	IGNED
TAL	th the design of the last of t		margo	Ir my	wain my	ATTEND PHYSIC		OR PHYSICIAN	- 4-6	1-83
HOSPIT	ride by the FunERal old be defined by the Stote		224 PHYSICIAN'S NAME (TY	1 1 1	•	220. ADDRESS	L			
Ĭ Q	0 00 = 0		Murgoll		veen	ullin	Tax :	6.431011		
1914		23a.	BURIAL, CREMATION, REMOVING SPECIFY) Removal	AL 236. DATE 4/28		OF CEMETERY OR CREMA		CATION CITY OR TOWN	COUNTY	STATE
	BP	24 F	UNERAL DIRECTOR	4/20,	700	2		Y REGISTRAR 256 R. GIS	STRAR'S SIGNATI	JRE •
DHA	MH - 16 50M 4/82 (VRA 15, 4)		NAME Anatomy	Board	ADDRESS	lto., Md.	MAY 2	1983 3	in J. Co	hulf
		-						17		

STATE REGISTRAR		DEPARTN		CATE OF	MENTAL HYG DEATH	REG. NO.	0 1	5
1. DECEASED NAME FR. (TYPE OR PRINT) E1		aude	Ri	c h	33.1	A.	DAY YEAR	7:30 M
3. SEX female	4. RACE wh:	ite	S. DATE O	DAY	19 0 9	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER TYEAR	IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR FOREIG COUNTRY). Virginia	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIED WIDOWE		MARRIED	Baltimore City or County Baltimore C		MD.
Baltimore		OSPITAL, NURSIN HEACILITY, GIVE STREET A W. Mt. RO			NOITUTION	12th USUAL OCCUPATION HYPEOF WORK FOR MOST OF WORKING LIFE Copy holder		pers
USUAL RESIDENCE (IF NURSING HO 138. STATE Maryland	OME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimor		13d. INSIDE	ITY LIMITS?	13e. STREET ADDRESS 1600 W. Mt.R.	yal Ave	21217
14 FATHER'S NAME FIRST	MIDDLE	Rich		15. MOTHER	S MAIDEN NA	ME MIDDLE	LAS	
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF)	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	414-24-		17 INFORM.		ADDRESS nnston 25 S.Charl	es St.B	al.Md.
18 CAUSE OF DEATH (En PART I, DEATH WAS C	iter only one couse per AUSED BY: EDIATE CAUSE (0)		Aci	ite M	yecolis	1 Infanction		MATE INTERVAL DINSET AND DEATH
	ite)	AS A CONSEQUE		elie C	erolac	scular Disease	yez	+\$
underlying couse lo	51.							

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

CITY OR TOWN

NO

COUNTY

YES [

STATE

Mď.

NO [

22b. SIGNATURE

21d. INJURY OCCURRED

CERTIFICATION

8

or Hem

marked

IMPORTANT: If Hem

DEGREE MD

ATTENDING PHYSICIAN 22e ADDRESS

211. LOCATION

DIRECTOR PHYSICIAN

Elkridge

(my) (que) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

226. PHYSIGIAN'S NAME [TYPE OR PRINT]

23b. DATE

Dr.J.Frank Supplee, 3rd.

220.1 certify that (1) (this based) attended the deceased from

231. NAME OF CEMETERY OR CREMATORY

201 E. University Pkwy.

MEDICAL

23d LOCATION

Burial April 28,1983 Meadowridge Mem.Pk. 24 FUNERAL DIRECTOR

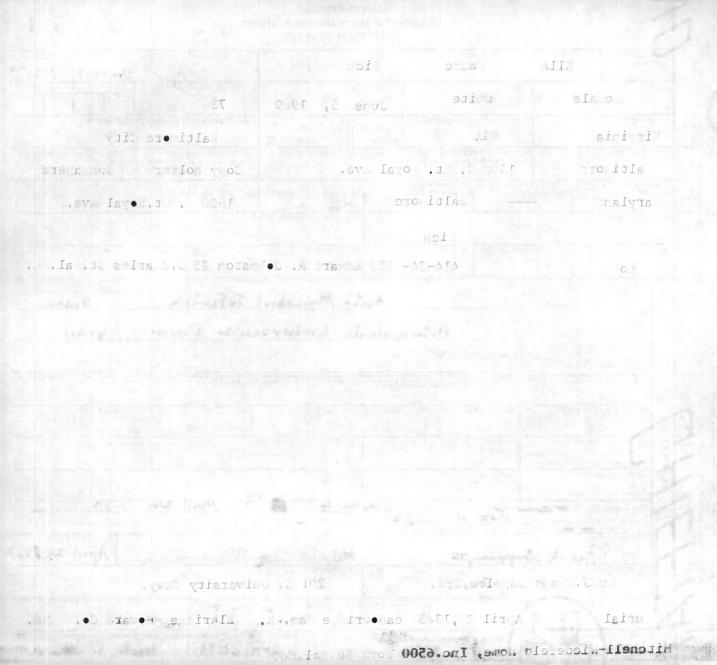
Mitchell-Wiedefeld Home, Inc.6500 York Rd.Bal.Md

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE .

Howard Co.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP



TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Flannery Ln APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accorded on the date and hour and from the causes stated DIRECTOR PHYSICIAN STATE BP. 4/20/83 Remova: 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 ADDRESS Anatomy Board Balto., Md. (VRA 15, 4)

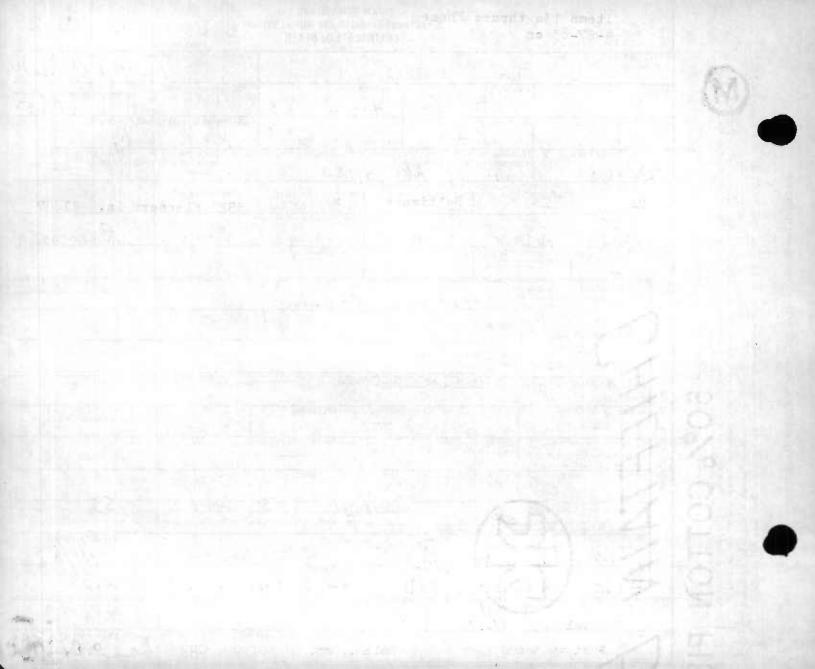
YEAR

IF UNDER 1 YEAR

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS



3		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0 1	5 3	
		CEASED NAME OR PRINT)	LLOYD		MMN		CHARDSON	20. DATE OF DEATH	4-11-	83	3:30P	м
	3. SE	Х	1 5	4. RACE		5. DATE C		6. AGE IN YEARS LAST BI		IF UNDER 1 YEAR		RS IN.
		Male		Bla	ck	2	29 20	63	YRS.	DATS	HOURS	IN.
201	₹6. BI	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY				
P		Maryland		U.S		WIDOWE		BALTIMOR				MD.
23		LTIMORE	ATH				BALTO. MD	120 USUAL OCCUPAT			OF BUSINESS	OR
35	13a. S	AL RESIDENCE (IF NURS STATE Jaryland	136 COUN		130 CITY OR T Balti	OWN	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	13. STREET ADDRESS 2920 Rigg	s Avenu	ae 21:	216	
W)	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	ST	
سو		Frederick				ardson	Lona					
1		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIALS		17 INFORMANT	ADDR				
E		YES			215 10	6 5167	Malcolm Rich	nardson 291	9 Riggs			
, 1		18 CAUSE OF DEAT PART I, DEATH W	H (Enter on	ly one couse per D BY:	line for (a), (b)	, and icil		1		BETWEEN	ONSET AND DEAT	IH
e A		1540	IMMEDIAT	E CAUSE (0)	cand	Lugar	maray	anest	-	min	Allea	>
E C				DUE TO, O	R AS A CONSE	OUENCE OF	- 00 -	04		1	v.	
		Conditions, if any, gove rise to imr	nedipte	(b)	were	maria	colored	eas care	noma	-	3 M	133
		underlying couse		DUE TO, OI	R AS A CONSE	OUENCE OF						
5		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0	
5	NOI	3.0										
0	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERFORMED	200 AUTOPSY?		WERE FINDI	NGS USED	
7	RTIFI							YES NO	YES		NO 🗌	
	_	210. ACCIDENT WAS UNE		11 HOUR A.	F INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT 1 OR PART 2)		
4	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER	P.,		19						
	MED	21d. INJURY OCCUR!		21e. PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	211. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE	
		AT WORK AT WO				1	0 10 62	A.a.t. I P	11	62	- 44	
5		saw the decease	(this hospited alive an	April 1	e deceased Ira		d that in (124) (aur) apinion	death accurred on the	Inte and hour		that XII (we) I	
7 111.5		22b. SIGNATUR	id) MAC 36	view the body	ofter death.		DEGREE		010 0110 11001	22¢ DATE		_
		10	Kol.	. 2.	MIL		ATTENDING PHYSICIAN	MEDICAL STA		4/	12/03	
1		224 PHYSICIAN'S N	AME (TYPE O	R PRINT)	1111)	22e ADDRESS	DIRECTOR D PHIST	CIMINIZ	11	10/03	_
		Rob	1e-	Suh 1	MD		3900 Loch R	aven Blud.	Balto.	Md 21	218	
\$	23a. E	BURIAL, CREMATION,	REMOVAL	23b DATE 4/20/			emetery or crematory			COUNTY	MDSTATE	
		UNERAL DIRECTOR		1/20/	03	2.K. VC				AP'S SOLNI	7. 1 A	_
82	7.7		- A	1101	ADDRE	\$54	AC	R 15 1983	John	2	many	•

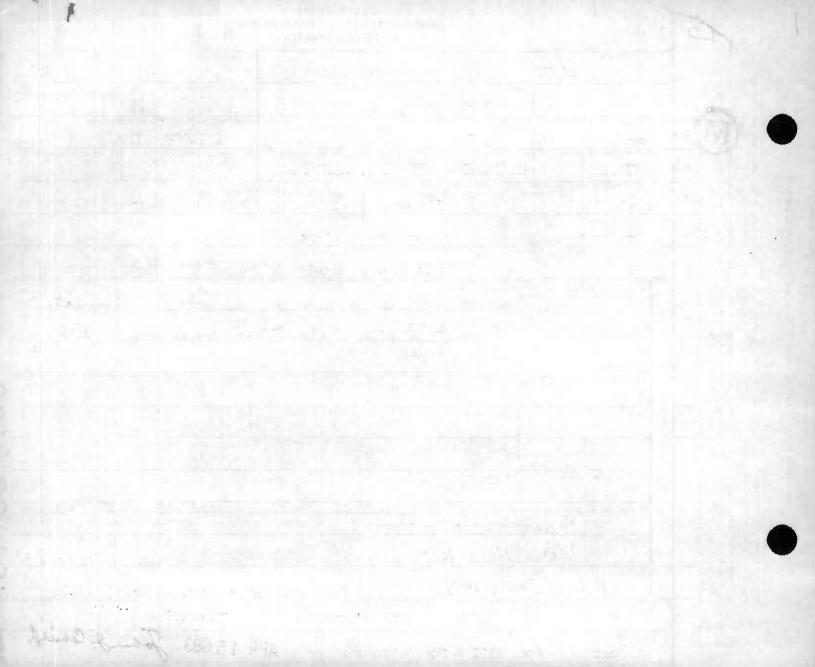
DHMH - 16 50M 4/

BP.

(VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

APR 13 1900

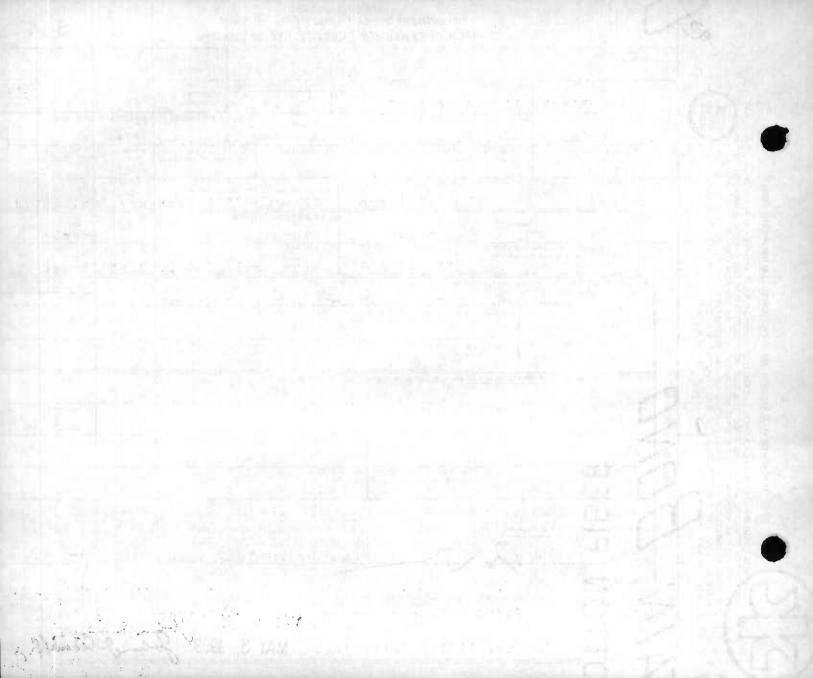


	REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE C	OF DEATHO	REG. NO.) 1 3	-1
	CEASED NAME FIRST		MIDDLE	LAST	2a. DATE N	NOWN MON	NTH DAY YE	AR 2b H
	JOYCE		F.	RICKS	DEATH		4 29 19 8	33
3. SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY)			MON		EAR 74 6:
F	emale Black	11 26	44 38 YRS.	ONTHS DAYS HOURS	MIN PRONOUNDEAD	ZED Z	4 29 198	33
	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	RRIED NEVER MARR	P. BALTIMO	DRE CITY OR CO		
	. Carolina	U.SA		OWED DIVORC		imore Cit	+ \/	
	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR C	OTHER INSTITUTION	12a. USUAL OCCUP	ATION (TYPE OF WO		
	Baltimore		istbury Ave.		FOR MOST OF WORK	ING LIFE)	OK IND	USIKT
USUA	L RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	E RESIDENCE BEFORE ADMISSION)		1	2	1206	
13a S1	aryland 13b COUN	łTY	Baltimore	T34. INSIDE CITY LIMITS?	13e. STREET ADDRES	10		A - 4
-	ATHER'S NAME		baltimore	YESX NO [astbury	Ave.	Apt.
III. FA	FIRST	MIDDLE	LAST	FIRST	ENNAME	DDLE	LAST	
	Lonnie		Burch	Clara			Lisen	by
16a. W	VAS DECEASED EVER IN U.S. ARIES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS		
	NO		219-40-4972	Betty A	rtis 304	E. 21s	t Stre	et
	18. CAUSE OF DEATH (Enter on	ly one cause per line	for (a), (b), and (c).)					MATE INTER
	lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TERMINAL OIS	SEASE OR CONDITION GIVEN IN PA	ART 1 (g).			
NO								
A	19a, DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?			20 AUTO	PSY?
	4							
E							YES	NO NO
CAL CERTIFICATION	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJL	JRY IN ITEM 18 PART 1 C		ON K
EDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M DEATH P.M 21e PLACE C	. MONTH DAY YEAR	LOCATION			OR PART 2)	
SAL	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M DEATH P.M 21e PLACE C	MONTH DAY YEAR		ED (ENTER NATURE OF INJU			
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M DEATH P.M 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 DE INJURY (AT HOME, ORY, FARM, ETC.) 21f.	LOCATION	CITY OR TOW	/N	OR PART 2)	
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that I took chore	HOUR A.M DEATH P.M 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 DE INJURY (AT HOME, ORY, FARM, ETC.) 21f.	LOCATION STREET	CITY OR TOW	and in m	OR PART 2) COUNTY	
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 27d I certify that I taak charg death resulted from: Nature	HOUR A.M P.M 21e PLACEC STREET, FACT	MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) 21f. cribed obove, held an Au	LOCATION STREE! stopsy X, Inspection Hamicide ,	CITY OR TOW In, Inquiry Undetermined ma	, and in m	COUNTY	s
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that I took chore	HOUR A.M P.M 21e PLACEC STREET, FACT	MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) 21f. cribed obove, held an Au	LOCATION STREE! stopsy X, Inspection Hamicide ,	CITY OR TOW In, Inquiry Undetermined ma	, and in m	COUNTY	
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that I took chord death resulted from: Natural Cause of Cause o	HOUR A.M P.M 21e PLACE C STREET, FACT ge of the remains des ral causes X,	MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.) cribed obove, held an Au Accident , Suicide	topsy X, Inspection topsy X,	CITY OR TOW In	ond in m	COUNTY ny apinion ATE 4-3(s 0-83
MEDICAL CERTIFI	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that I took chord death resulted from: Natural Cause of Cause o	HOUR A.M P.M 21e PLACEC STREET, FACT	MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.) cribed obove, held an Au Accident , Suicide	topsy X, Inspection topsy X,	CITY OR TOW In, Inquiry Undetermined ma	ond in m	COUNTY ny apinion ATE 4-3(s 0-83
WEDICAL WEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that I taak charge death resulted from: Natural Cause of Prints	HOUR A.M P.M 21e PLACE C STREET, FACT ge of the remains des ral causes X, Ann M. Dix 23b DATE	MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.) cribed obove, held an Au Accident , Suicide On, M.D.	topsy X, Inspection topsy X, Inspection topsy X, Inspection topsy X, Inspection TITLE (SPECIFY) M.D. Assista ADDRESS 111 Por CREMATORY	OITY OR TOW In	ond in monner	county ny apinion ATE 4-3(GNED 4-3(0-83
WEDICAL WEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 22d Leerlify that I taak charge death resulted from: Natural Control of the Control of	HOUR A.M P.M 21e PLACE C STREET, FACT ge of the remains des ral causes X,	MONTH DAY YEAR 19 DE INJURY (AT MOME, ORY, FARM, ETC.) cribed obove, held an Au Accident , Suicide On, M.D.	topsy X, Inspection topsy X, Inspection topsy X, Inspection topsy X, Inspection TITLE (SPECIFY) M.D. Assista ADDRESS 111 Por CREMATORY	CITY OR TOW In . Inquiry Undetermined mo n† MEDICAL EXAM enn S† . , B	ond in monner	county ny apinion ATE 4-3(GNED 4-3(0-83

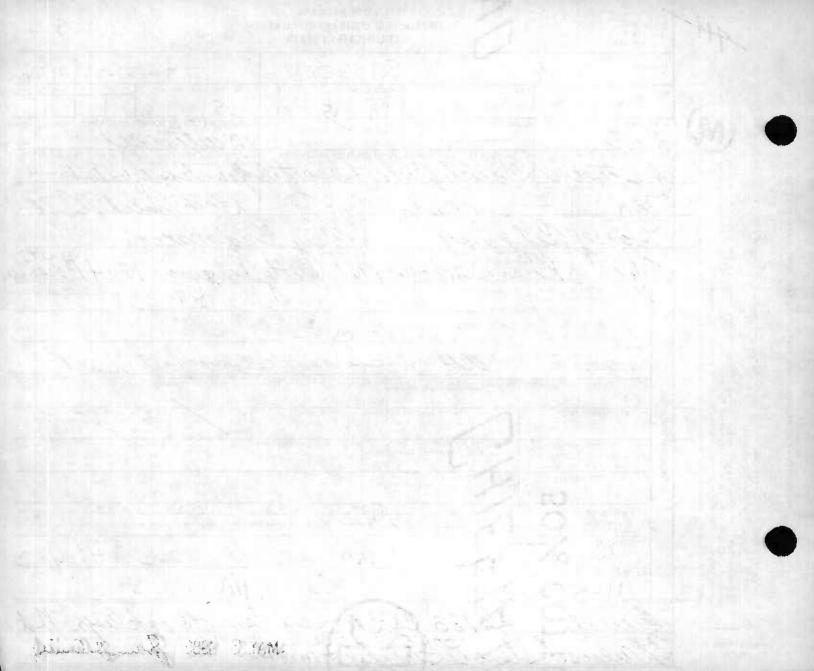
20M 4/82

STATE OF MARYLAND

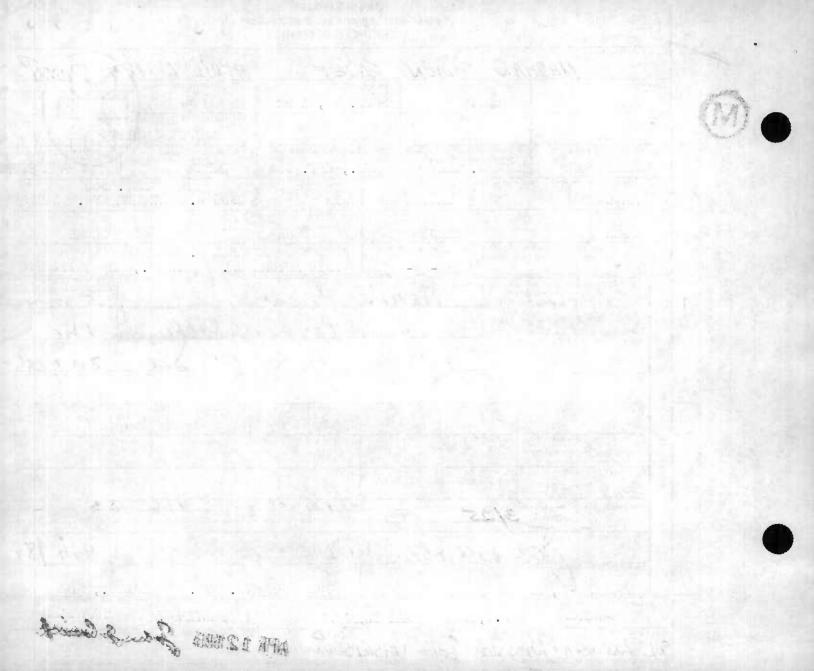
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



11				STATE OF MARYLAND			No. 100
411	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0.	5 5
deoth		CEASED NAME FIRST TROMAS	WIGOTE	RIDGEWAY	20. DATE OF DEATH	+ - 30 - 83	26 HOUR 21226
n after d	3. SEX		White	DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
MA	7n. 80	THPLACE STATE OR FOREIGN 76.	Miles and the second se	MARRIED NEVER MARRIED NIDOWED NOORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	M
10	Col	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION OF THE PROPERTY WORK FOR MOST OF		OF BUSINESS OR
30	SUI.	RESIDENCE (IF NURSING HOME OR OTH 13b COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE AC 13c. CITY OR TOWN	MISSION) 13d. INSIDE CHITIMITS? YES NO	130 STREET ADDRE	May 19	1294
S 7 BU	14. FA	THER'S NAME	tamail"	15 MOTHER'S MAIDEN NA.	ME MIDDLE	Me 1	AST
Pages 1	he V	AS DECEASED FER IN U.S. ASMA	PFORCES? 168. SOCIAL SECURIT	NNO. 17 INFORMAL	ADDRE	55,	Wast
papers. I naval. ent, the r		PART I. DEATH WAS CAUSED B			ony Her	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
nove carban atian, ar ren Iraumatic ev		4100 IMMEDIATE O	DUE TO, OR AS A CONSEQUEN				
ather trau		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A ALTHSEQUEN	Sclerous C	crovery	ut ha	1
y, ar	N.	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM			lia
shaws any in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY2	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
and	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21 e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY OR TO	WN COUNTY	STATE
of Health		22a I certify that (I) (this hospital) sow the deceased alive on abave, (I) (we) (did) (did nat) vi		4 30 , 19 8 3 , and that in (my) (our) opinion	., 10	ote and hour and from th	, that (I) (we) las
Ite Dept.		22b. SIGNATURE	man.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FF / L	30/82
with the State IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR)	ty)	300/ S	HANNE		1
3 W	23a. B		23b. DATE / 83 23c NA	ME OF CEMETERY OR OREMATORY	23d LOCATION CHYORID	och til	" Mis
50M 4/82	W. T	MEBAL DIRECTOR C	15016	Fort Peter DAT	E REC'D. BY RECUSTRAR	GIGGSTRAR'S SON	JURE • Auch



					OF MARYLA						media.	
1 - STAT REGI	TE ISTRAR				EALTH AND M		IENE 8	S REG. NO.		0 1	5	0
1. DECEASE		M	DDLE		٥٠.		20. DATE OF	DEATH MO	ONTH DA	Y YEAR	2b. HOL	JR 7
deop	NATH		SIMON	1/	IEF		HTR)	16	18	3	10:5	10 -M
3 SEX MAI	E	4 RACE WHIT		5. DATE C	F BIRTH 18° , 1	L O YEAR	6. AGE INYE	ARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER	R 24 HRS MIN,
			HAT COUNTRY?	SEP.	1. 10, 1	1.092	0 PAITIMOI	90 RECITY OR C	YRS	FREATH		
COUNTRY	SSIA	US		MARRIE	XXX DIV	ARRIED		LTIMOR				MD.
海州	TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS)			12a USUAL C	CCUPATION FOR MOST OF W		12b KIND (ESS OR
	LTIMORE IDENCE (IF NURSING HOME OF I	2500 W.	BELVEDE	RE AVI	E., APT.	518	OWN	ER		HARI	WARE	STO
130. STATE MAR	RYLAND 136 COUN	TY	BALTIMO	N1	13d INSIDE CIT	Y LIMITS?	13e SIREET A 2500	DDRESS W.BELV	APT. EDERI	518 E AVE.	. 21	215
14 FATHER'S	FIRST	MIDDLE	LAST	Marie .	15. MOTHER'S		۸E	MIDDIE		LA	ST	
MOS	SHE ECEASED EVER IN U.S. ARA		RIEF			ROSE				CLOF	ŧΕ	
TO TO		WAR OR DATES)	6b. SOCIAL SECU		17 INFORMAN	MIL	RRELL			45	0100	
9			215-30-		3518	AUTUMN	DR.	BALI	ro., N		2120	
PA PA	AUSE OF DEATH (Enter onl ART I. DEATH WAS CAUSED		ne for (a), (b), and	7 0 0	AL 8	60 - K				BETWEEN	ONSET AND	
ē ē	IMMEDIATE	E CAUSE (a)	an	, coce	/4 0.	Lar			-	_5	m.	70
Cond	litions, if ony, which	DUE TO, OR	AS A CONSEQUE	NCE OF	to Po	011	4.0	0000		1	6	
	rise to immediate	DUE TO OR	AS A CONSEQUE	NICEOE	0	ONA	111	Car	200		7,1	
unde	rlying couse last.	(c)	arta	1600	cler	ake	MAR	· 24	8.	20	9 41	re.
PART	2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE	OR CONDITI	ION GIVEN	IN PART 1	01	
S show we have the property of	ATE OF OPERATION	Tial count	101110011110	0055								
HE N	ATE OF OPERATION	198. CONDII	ION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOI	11	CERTIFYII	VERE FINDI	OF DEAT	TH?
21a. A	CCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c HOW INJU	JRY OCCURRE	-	NO .	YES	in manual districts and the same of the sa	NO [
7 4 00.00	INTRIBUTING CAUSE OF DEAT	HOUR A.M	. MONTH DA	Y YEAR	C Block		(211)211			, (), ()		
2 /	JURY OCCURRED	21e. PLACE O	FINJURY		211 LOCATION	1						
WHILE AT WOR		(AT HOME, STREE	T, FACTORY, OFFICE FA	RM, ETC)	STREET			CITY OR TOWN		COUNTY	S	STATE
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2 2 2 2 2 2	bove, (I) (wa) (did)	3/25	19.2	3 . on	d that in (my) (a	opinion d	eath occurred	on the date	and hour a	nd from the	couses sto	oted
	GNATURE	5	7/0	4	EGREE		/			22c. DATE	SIGNED	100
# .:- #	/10	uss	O (blier	2 4	M. D. AT	TENDING TYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	۷ 🗆	4	17	183
TON	HYSICIAN'S NAME TYPE OR	PRINT)			22e. ADDRESS							
₹ §/ JO1	NAS COHEN, MI)			6702	PARK H	ITS. AV	E.	BAL	ro., M	ID	-1
23a. BURIAL, (SPECIFY)	BURIAL	23b. DATE			METERY OR CR	EMATORY	23d. LOCAT	TYMORI	C (OUMAR'	ZI.ANE	ATE
	DUKIAL	APR.8,1	983 BN	AI ISI		Ter :		TIMOR		THAIL.	LIZUND	
1/81 24 FUNERAL	ME HX	Preston.	ADDRESS	TICK	PSTOUTH	APR.	12198	3 TRAIL	- Comme	Jan La	many y	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	10101
(THE GENERAL) Lillian	White	Riegelmann	7s DATE OF DEATH MONT	4 83 8457
1 58X	4. RACE	5. DATE OF BIRTH	A. AGE IN TEAMS LAST BRETHDAY	FUNDER 14 THE IS LINDER 24 HOS
Female	White	Nov. 1. 189		YRS.
WEIRTHPLACE I STATE OF FOR ICA	76 CITIZEN OF WHAT COUNTRY	(2 L	BALTIMORE CITY OR CO	Control of the Contro
New York	U.S.A.	MARRIED NEVER MARRIE		City M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTIO	IN IZE USUAL OCCUPATION	17h KIND OF BUSINESS O
Baltimore	Hamilton Nur	TWO TO THE O	Cashier	KING LIFE INDUSTRY
SUAL RESIDENCE OF HURSING HOMPS	OF OTHER INSTITUTION, ONE RESIDENCE MEN	DRE ADMINISTRATIONS		
Maruland Balt	imore Parkvill			op Ave 21234
L FATHER'S NAME	amore quereran	IS MOTHER'S MAID		ob use errora
Richard	HIDDIN MIDDIN	PART	MIDDLE	LALI
MAS DECEASED EVER IN U.S. A	White	A STATE OF THE PARTY OF THE PAR	da ADDRESS	Meister
	INE WAR OR DATES		John D. Varrator	-
NO	064-22	-3117 MIS Chai	lotte R Kempton	Same
couse (a), stating the underlying cause fast.	DUE TO, OR AS A CONSEQ			
	CONDENS CONTRIBUTING TO	a - hal	nutrition	N GIVEN IN PART 110
THE DATE OF OPERATION THE DATE OF OPERATION THE DATE OF OPERATION	THE CONDITION FOR WHIC	H OPERATION WAS PERFORMED	V IN	F YES, WERE FINDINGS USED CERTIFYING CAUSES OF BEATH?
31st. ACCIDENT WAS UNDER PHG	T 216 TIME OF INJUSE	Tay HOW MILIEN C	YES NO	YES NO
CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY.	EATH HOUR A.M. MONTH	DAY YEAR	Same Times and Same in	and the rate of the rate of
THE INJURY OCCURRED				
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A STATE OF THE PARTY OF THE PAR	IN PLACE OF INJUST (AT HOME, STREET ACTIONS, OFFICE	211 LOCATION	Catyfa 10wa	Thurs shad
ATWORK III. ALLOW	TIE PLACE OF INJUST	E FARM ETC.) 211 LOCATION	76 4/4	8/3
77x I certify that (I) (this host	Tie PLACE OF INJUST (a) HOME STREET COST, OFFIC pitals ottended that defended from	E FARM, ETC.) 211 LOCATION	76 . 4/4	19 93 that (II (N) lo
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27h. I certify that (I) (this host town he does do also go obove. II) 27h. SKGP THE 27	21e. PLACE OF INJUST 141 HOWE STREET TORY, OFFICE INTUINGED TO THE PROOF OF THE PRO	21H LOCATION DEGREE ATTEND PHYSIC 22e. ADDRESS	onion death occurred an the date of	19 3 that (II (N) for and hour and from the gruse stored
27s. I certify that (I) (this bost town in decided off) of others. It is started of the started off) 27s. Started off) of the started off) off) of the started off) of the started off) of the started off) off) off) off) off) off) off) off	PLACE OF INJUST JATHORE STREET TORY, OFFICE PHOOF STREET, OFFICE PHOOF STREET TORY, OFFICE PHOOF STREET, OFFIC	21H LOCATION DEGREE ATTEND PHYSIC 22e. ADDRESS	onion death occurred on the date of the land prector Physician prector Rd. Baltin	19 3 that (11 (%) to ad hour and from the gause patored 22c 41/9/83

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

4/6/83

The Less

Scarsdale, New York

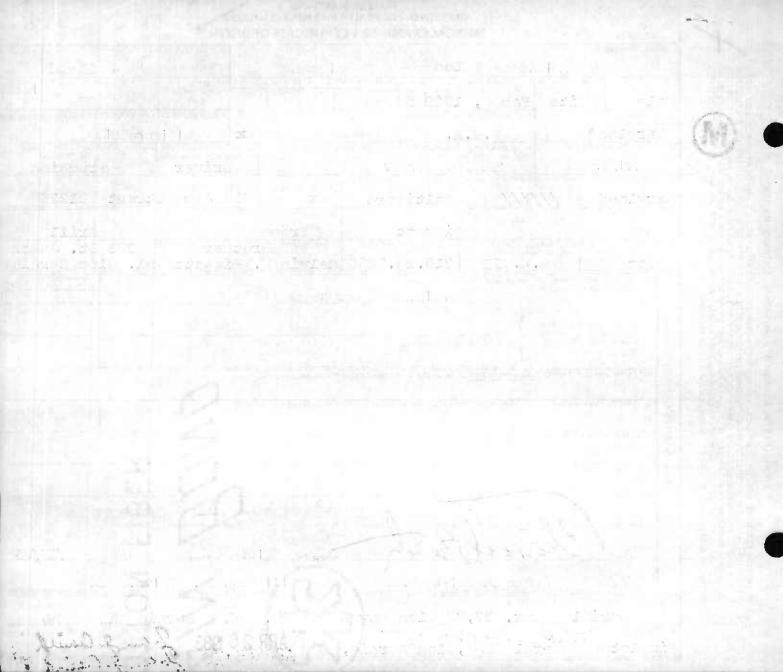
ADDRESS Ruck, Inc. Baltimore, Maryland and the state of the substitution of the state of the sta Jessey St. Haberthal School of Fith De PLINT TANT AT MINOT see francisco

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST 20 DATE KNOWN DECEASED NAME 7b HOUR ESTI-Roland Leo Riesett DEATH MATED 2319 83 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Feb 6, 1929 54 231983 In BURTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED X Baltimore City, Maryland WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Driver Baltimore 836 Jack Street Truckina USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Baltimore 836 Jack Street 21225 Maryland YESK NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Leo Riesett Kri11 Irene 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Brother 203 St. James 215.24.7060 Melvin V. Riesett Pl. Glen Burnie DIVISIO Yes W.W. II 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of esophagus IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 9,4 YES 🗌 NO X DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION PAGE 4 SHOULD BE TOWN.

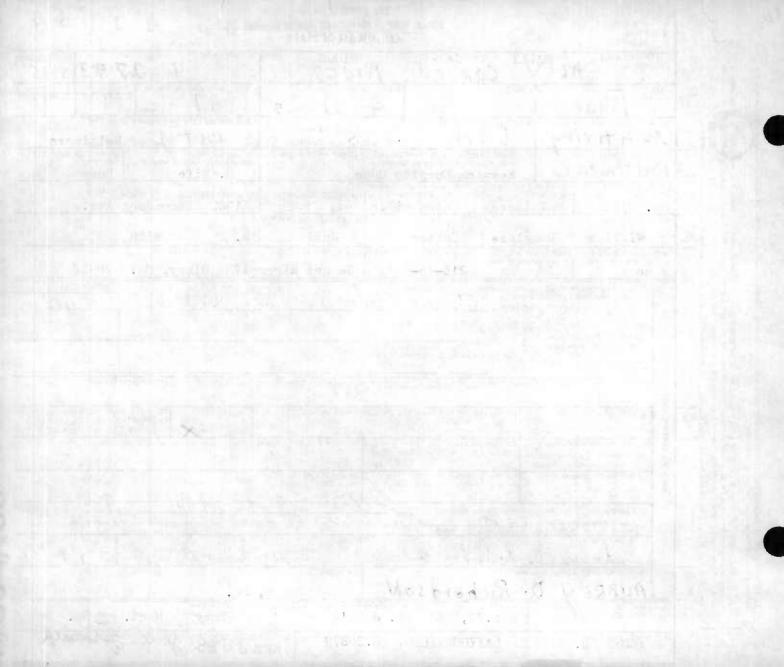
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
RAITIMORE, MARYLAND, 21201 F STREET STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY WHILE AT WORK AT WORK cribed obove, held on Autopsy Inspection and in my opinion Undetermined monner TITLE (SPECIFY) DATE Deduty Chiefedical ExaminER 4/24/83 EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 27,83 Glen Haven Mem Pk. Burial Apr. Glen Burnie BP. 24 FUNERAL DIRECTOR DATE REC'D. **DHMH - 17** Singleton Funeral Home, Glen Burnie, (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



(VRA 15, 4)



injury, or other troumotic event, the medica

MPORTANT: If Item 21 is marked or

should be detached for with the State Dept. of H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦃

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	REGISTRAR		CERTIFICATE OF DEATH	REG NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Elean	nor M.	Riley	April 6,	1983 7:40 P
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	female	white	Nov. 28, 1891	91 YRS	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Baltimore	USA	WIDOWED A DIVORCED	Baltimore	,City, MD.
10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
	Baltimore	Long Green N	ursing Home	homemaker	
130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS Bal	to, Maryland
	Md.	Baltim	ore YESX NO	3414 Brendan	
14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA.		LAST
7	Charles Hec	k	Mary	Mvlerv	
		RMED FORCES? 166 SOCIAL SECT		ADDRESS	
	- -	220-24	-5886 Helen D. I	Doering, same	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	ENCE OF DEATH BUT NOT RELATED TO THE TERM	NIN AL DISEASE OR CONDITION G	EMEN COSE AND EATH
CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO}\)
MEDICAL CEI	sow the deceased alive of obove. (I) (we) (did Cidid of 12) SECRETURE	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, pitol) ottended the deceased from not) vew the bedy attendenth	FARM, ETC 1 211 LOCATION STREET DED that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN CITY OR TOWN death occurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN PARTIES Paul St, Balt	that (1) (we) lost our and from the causes stated
	william r.	Kenner, Fr.D.	J222 St. 1	au De, Dare	Inore, na.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician the buriol-tronsit permit. Then please ond Mental Hygiene prior to buriol, cri 8 show

DHMH - 16 50M 1/B1 (VRA 15, 4)

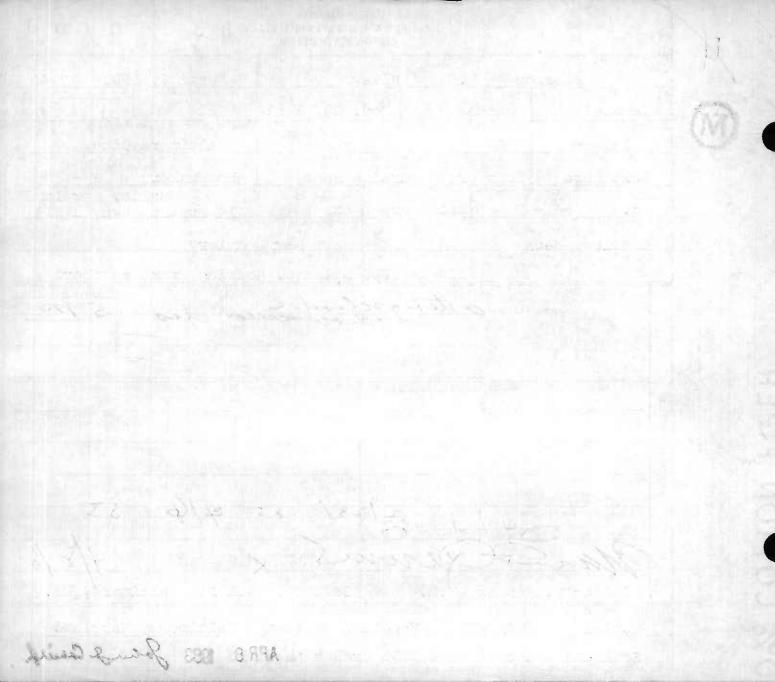
236 BURIAL, CREMATION, REMOVAL SPECIFY Burial
24 FUNERAL DIRECTOR 23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore,

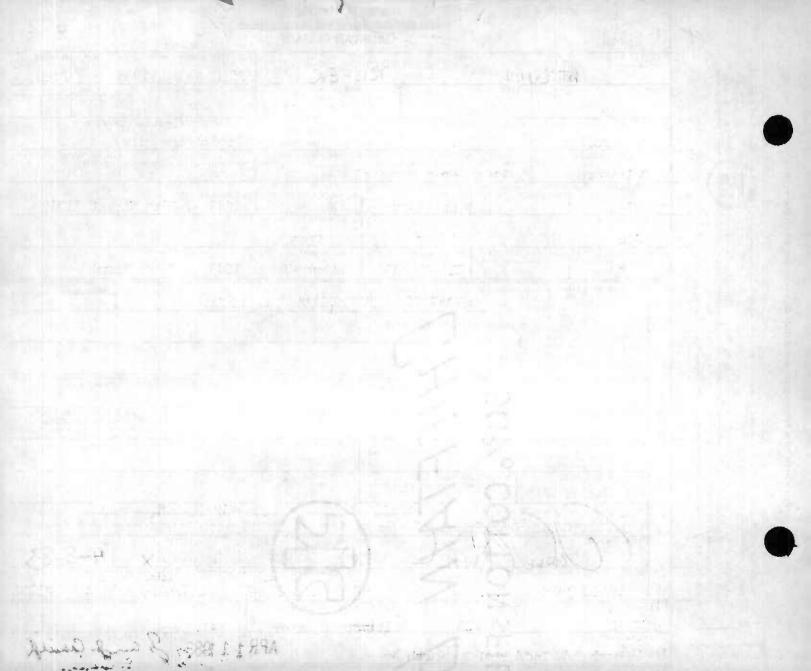
Maryland

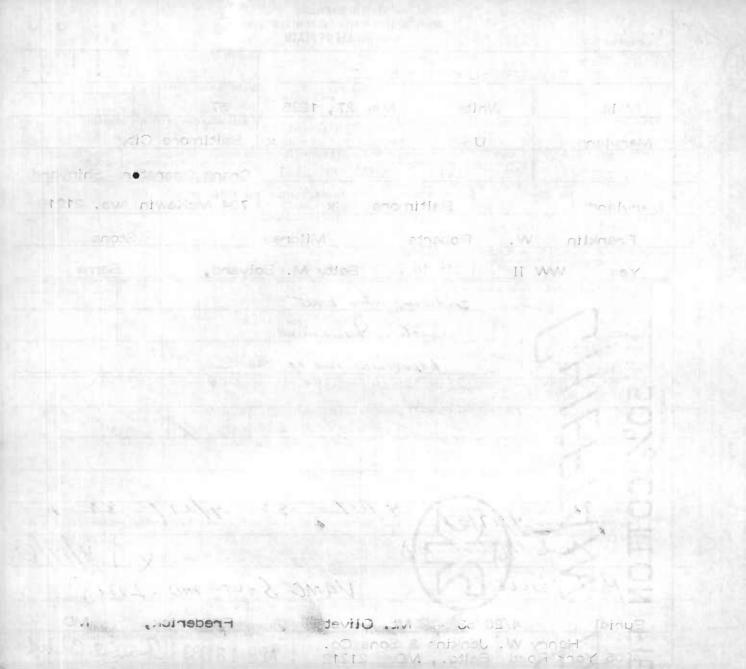
Burial 4/9/83 Woodlawn Cemetery Baltimor Beral Director Schimunek Funeral Home, 3331 Brehms La ARR 83 1983



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H	1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO	GIENE 8 3	10)	6 2
Georgia.		CEASED NAME MELVIN	IN	DOLE	RASI	ER EX	20. DATE OF DEATH APRIL 8	, 1983		1:20 A
fer o	3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI			FUNDER 24 HRS
ars of		male	Blac	k	6	4 11	71	YRS.	UNIS DATS	MIN.
funeral director, pagethin 72 hours after dead at ance.	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) S, Carolina	76. CITIZEN OF W	HAT COUNTRY? A.	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF Baltimore		FDEATH	MD.
	10. C	Baltimore	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET HOME HO	ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPAT		12b, KIND OF INDUSTRY	BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	OTHER INSTITUTION G	Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS 1643 E. 2	25th Str	reet 21	218
ampletely and 2 s	14. F/	ATHER'S NAME FIRST Jim	AIDDLE	Risher		is. Mother's maiden na first Mary	MIDDLE		LAST	116
Pages 1		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDR			
		NO	WAN ON DATES)	216-01-9	356	Esther Rishe	er 1643 E. 2	25th Str	reet	
olease remave carbanpapers: rial, cremotian, or remaval. ar other traumatic event, the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	NCE OF	\TOCELLULAR C				
has been signed permit. Then ple the priar ta buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	VERE FINDING	S USED F DEATH?
	E E						YES NO X	YES [NO 🗆
buriol-transit Mental Hygid Or Item 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M	. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
of the ball of marked or	ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO		COUNTY	STATE
forus forus of He			APRIL 16	deceased from 19		d that in (my) (aur) opinion	3_, to APRIL death occurred on the d	-,	nd from the co	
detached detached tate Dept. VT. If Item		Coms	HX	m	V		MEDICAL STA		4 -8	-83
TO FUNERAL should be det with the State IMPORTANT:		DAVID BUSH	M.D.				H HOSPITAL WAY BALTIM			21231
F ™ 8 ≤ ¶	1	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	c	OUNTY	STATE
	E	BURIAL	4/13/8	33 E	Baltin	ore Cemetery	Baltim	ore.		Md.
16 50M 4/82 A 15, 4)	24. F Win	uneral director C March F/H Ind	2, 1101	E North	Avenu	1e 250 A	R111983	25t REGISTRAF	R'S SIGNATUR	mich





	1.	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 3	10164
eter, page 3 after death		CEASED NAME FIRST ELS	2 Abeth A. RACE	Park	Robardson OF BIRTH TH DAY 98	20. DATE OF DEATH MONTH Y	DAY YEAR 28. HOUR A 9215 NOTES DAYS HOURS MIN.
(M)	E	RTHPLACE (STATE OR FOREIGN DUNIRY)	usa	MARRI		9. BALTIMORE CITY OR COU BALTIMOTE 120. USUAL OCCUPATION ITUES OF WORK FOR MOST OF WORKE LITERS Shop	NTY OF DEATH CI + 4 I 126 KIND OF BUSINESS OR
ely filled in by I should be file inclining be no	13a. 3	MO.	OUNTY 13	Jada Nurs re residence before admission c. CITY OR TOWN altimore	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS 4017 Liberty	Hgts. Ralto. Md.
Poges Tand	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16	erk LAST b. SOCIAL SECURITY NO. 13-34-7907	17. INFORMANT		30 Fordham Rd.N.N.
is signed by the ottending Then please remove corboi to burial, cremation, or rei njury, or other troumatic es	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	(b)	S A CONSEQUENCE OF	ASEXA TNOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1101
rote hos been ronsit permit. I Hygiene prior 18 shows ony ii	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF IT		21c. HOW INJURY OCCUR	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
After this certifico e os the buriol-tron olth and Mentol Hy marked or Item 18	MEDICAL	OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	AINER) P.M.	19	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR: locked for us Dept. of He H hem 21 is.		226. SIGNATURE	d not view the body of	19	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	hour and from the couses stated 22c DATE SIGNED 4/1/53
TO FUNERAL Should be de-		224. PHYSICIAN'S NAME (1	YPE OR PRINT)	WALNEN	220. ADDRESS	John Kora.	Driver Ked.

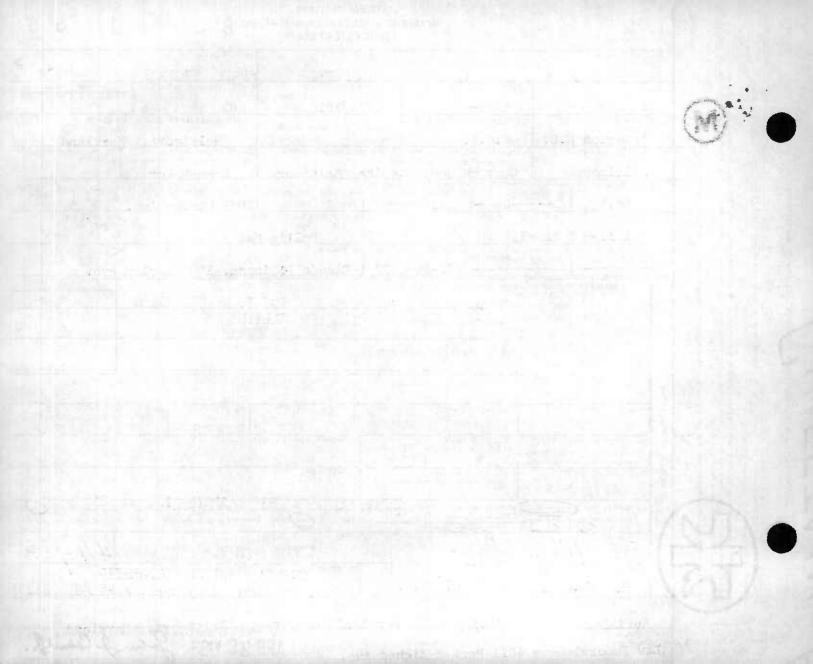
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Law Funeral Home 4611 Park H Eights Ave

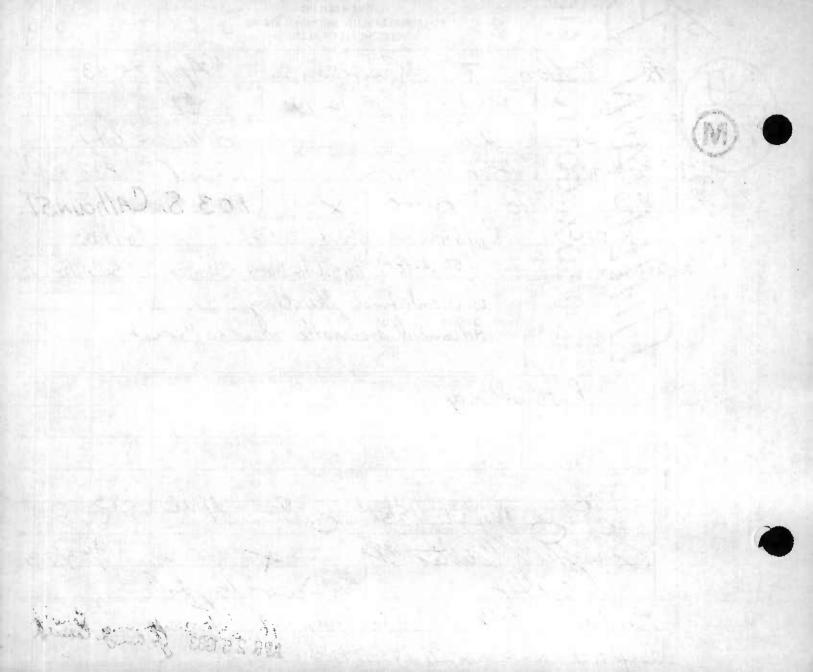
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(VRA 15, 4)

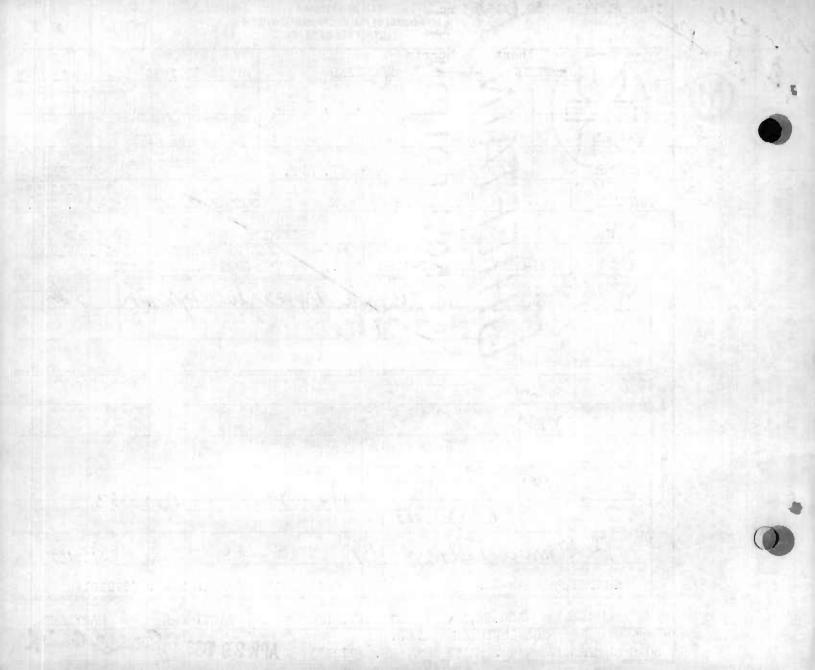
STATE OF MARYLAND



13	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 3	10	6 6
drorth, Page 4 may be	1 SE	RTHPLACE (STATE OF FOREIGN	A RACE Black TO CITIZEN OF WHAT COUNTRY US, A	MARRIED NEVER MARRIED WIDOWED DIVORCED	6 AGE (HITEMAN N	MONTH DAY YES	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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35	130	THER'S NAME	ISC. CITY OR TO		103	S. CAIH	OUNSI
30	16a. \	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC	w Liz	ZA ADDR	Gib	B.5
sicron all d pers Page of.	1 / 1	nknerun	250-14.	7819 Mrs. Ida 1	nae Robins	no 1035:(PROXIMATE INTERVAL VEEN ONSET AND DEATH
is that the death certificate ed by the ottending physic please remave carbon paperrial, cremotian, ar remaval.		Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF	ideno Chofs	Lomach	
the describer the beautifier them Then the prior to buy	CERTIFICATION	PART 2 OTHER SIGNAL ICANT	motheral	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, WERE FIT	NDINGS USED
CIAN, T g. physics serficore solitomy mail Hyp hem 15 sh		THE RECEDENT WAS UNDERLYING OF DE- OR CONTRIBUTING OF CAUSE OF DE- OR CONTRIBUTING OF CAUSE OF DE-	ALH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER-NATURE OF PART	RY PORTEN IN PART Y DRIVAR	- had
attendon the this of as the built hand Mr. h and Mr.	MEDICAL	THE INJURY OCCURRED	23s. PLACE OF INJURY LATHONE, STREET, FACTORS, OFFICE	THE LOCATION SHEET	civacto	own count	STATE
ATTENDE Aprilo e ECTOR. A 4 for our c of Health	2	sow. It received of above (I) (www.cdidg.did.no	or view the body after death.	83 and that (try our) opini	to ATTU	Leste and hour and from	the course started
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DHMH - 16 50M 1/B1 (VRA 15, 4)		osenb Lik	1155 27 1988	Wath Ale	APR 25 1983	The state of	NA MICE



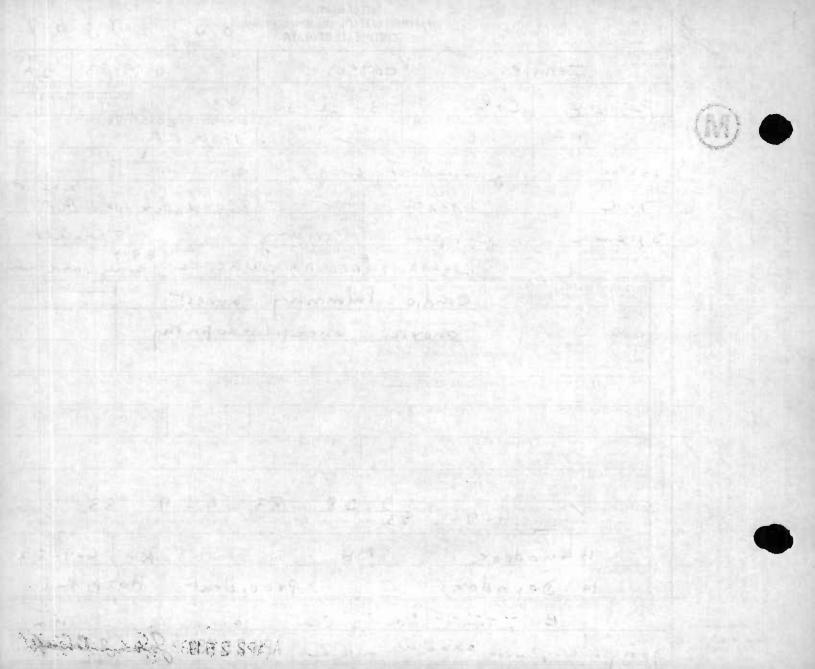
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8	70	1	- STATE REGISTRAR			DEP	ARTMENT OF F	ICATE OF		00	110	0	6/
	8		CEASED NAME	FIRST A	lbert	MIDDLEMORI	ris	AST		2a DATE OF DEATI	NO.	DAY YEAR	2b HOUR
17113	1	(TYP	E OR PRINT)	MORE	TS A	LBERT	ROCE	HKIND		APRIL 22	1083		11:21 31006
A P	FRAN	3 SE	X		4 RACE		5. DATE O			6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
, 4	#IVI)		MALE		WHITE		JAN	J. 22.	1913	70	YRS.	ONIHS DATS	HOURS MIN.
a a	13	7a. B	IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	- D MEVE		9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	1 35		MARYLAND			USA	WIDOWE	D	DIVORCED	BALTIMO	RE CITY		MD.
ě	e s e	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N	URSING HOME O	OR OTHER IN	ISTITUTION	120. USUAL OCCUP	ATION	12b. KIND (OF BUSINESS OR
201	Of led	В	ALTIMORE				AFF MANO	OR CT.	APT. C	TEACHE			HOOLS
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AND 24			ARYLAND		2 1 1 1 1	BALTI		YES X	NO [3020 FALL	STAFF M	ANOR C'	T. APT. (
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ITAL The	sicion pare horse proprieta propriet	ERT	21a. ACCIDENT WAS UND	DERLYING I	1 21h. TIME C	E IN HIDY		1214 HOW	INTURY OCCUP	YES NO			NO 🗌
> Z	phys iffice l-tro- ol H,		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.		DAY YEAR	21t HOW	INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RI : OR PART 2)	
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VISIC PH 6	the the band i	ME	WHILE TO NOT WH	ILE T			FFICE, FARM, ETC]	STRE		CITY O	RIOWN	COUNTY	STATE
é N	Afte e os olth mork		AT WORK AT WOR		4-1) - Mdd Ab	I		14/4	74		4/2	83	
EN	OR: OR: Or usi f Hea		220.1 certify that (1) saw the decease	d alive an		122	K of	nd that in (m	v) (our) opinion (death accurred an the	date and have	and from the	that (1) (we) last
63	RECT ed for pt. o	90	above, (I) (we) (d 22b. SIGNATURE	did) (did na	t) view the bady	ofter death.		DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occorred on m	date and had	22c DATE	
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		24 FI	JNERAL DIRECTOR		L LEVIN			LITOH		BALI IM E REC'D. BY REGISTR			YLAND
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232	X		- STATE REGISTRAR				ICATE OF DEATH		REG. NO).	O	1	0 0
3 4			CEASED NAME FIRST		AIDDLE	i	AST		2a. DATE OF DEATH	MONTH	DAY Y	EAR 2	h HOUR
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	A mo	3. SE		4. RACE		5. DATE C	DAY YE	AR	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS!		HOURS MIN.
			MALE	WHITE		4	- 8 - 19	15	68	YRS.			
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F		2 1	BALTIMORE	THE J	OSPITAL, NURSIN H FACILITY, GIVE STREET OHNS HO	PKINS	HOSPITA		20 USUAL OCCUPATION OF WORK FOR MOST OF ENGINEER	ON WORKING L	IFE) 12b. K INDU RAJ		BUSINESS OR AD
7	P P P		AL RESIDENCE (IF NURSING HOLE O STATE 131, COU ARYLAND BALT	ROTHER INSTITUTION, ONTY IMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW DUNDALK	ADMISSION) N	13d. INSIDE CITY LIM	_	30. STREET ADDRESS 92 SHIPWA	Y 21	222		
	3/	4	ATHER'S NAME FRST	MIDDLE	CT ACC		15. MOTHER'S MAID	DEN NAME	MIDDLE		D7.0	LAST	
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n			YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	183-07-9	861	VIRGINIA	E. R	ODGERS (sam	e as	13e)	"EL	
*	physicio npapers moval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	MA O.	GENIC	SHOO	ck			BET		ALLS
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	the attendiremand remarks con emarks con emarks con emarks con emarks con en troumat		Conditions, if any, which gave rise to immediate	(b)		cccf	IV. ANEC	RUSA	1 - KESECT	(E)		t 01	145
	d by the		cause (a), stating the underlying cause last.	DUE TO, OR	RAS ACONSEOUE CRON		ATERY	0	ISEASE			No	0415
7, 60	signed Then plints to buri	Z	PART 2 OTHER SIGNIFICANT	^			NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR COND	ITION G	VEN IN PA	ART Ita	
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AL X	he to	CERTIFICATION	4-21-83		ENTRICO	AR	ANEURU		YES NO	Y	ES 🗌		NO E
5	phys phys of Hron		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	M. MONTH DA	AY YEAR		OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM +8	PART 1 OR P	ART 2]	
NOISIAN A	ING PHYSIC Totten this cert as the burief th and Ment arked or then	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	00	CITY OR TOV	VN .	COUN	417	STATE
3	3 0 6		220.1 certify that this hosp saw the deceased alive or above (N. well(did)) did			83.0	, 19_	apinion de	enth occurred on the do	te and ha	, 19 <u> </u>	2, th	(Well-ast
	ALC Reputal y the haspital tal DIRECTOR detached far u ore Dept. of He		22b. SIGNATURE	500	C2 1	7	DEGREE ATTENE	DING	MEDICAL STAF		224.	DAJESI	GNED -
	Lo mest	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22001	19	PHYSIC 22e. ADDRESS	HIJO	DIRECTOR PHYSIC	IANIE	1/-	000	100
	retained TO FUNI Should b	22-	BURIAL, CREMATION, REMOVA	22h DATE	72. 1	JAME OF C	EMETERY OR CREMA	MIODY	T236 LOCATION	45	He	2/1	180
on	BP		SPECIFICATION, REMOVA	236. DATE 4/27/1			DUNT CREMA		BALTIMORE	CIT	Y, M		STATE
DI	HMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	Part of the	ADDRESS			250. DATE	REC'D. BY REGISTRAR	256. REGIS	STRAR'S ST	GNATU	RE
	(VRA 15, 4)	W	ALTER BROOKS BR	ADLEY, I		D., M		AP	R 2 7 1983	10-	an	2. C	well

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		NAME OF THE OWNER OWNER OF THE OWNER O	
Edward Le			
	3031		

-	1	1-	STATE REGISTRAR		DEPART		CATE OF DEATH	REG. N	10	169
9 Pe	deoth		CEASED NAME FIRE	nnie	MIDDLE	Roda	ers	20. DATE OF DEATH	MONTH DAY YE	26. HOUR30 3 2 A M
ge 4 may	frer d	3 SE	emple)	4 RACE	۷.	S. DATE O	BIRTH DAY YEAR 2 2 6 0	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS OAYS HOURS MIN
eoth. Po	Mho		RTHPLACE (STATE OR FOREIGN		WAS.	MARRIED WIDOWE	NEVER MARRIED C	n it	OR COUNTY OF DEAT	TH MD.
s ofter d	notified a		TY OR TOWN OF DEATH 3 alts		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET		ROTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUS	IND OF BUSINESS OR ISTRY
24 hou	ould be	13a. S	AL RESIDENCE (IF NURSING H TATE 13b	OME OR OTHER INSULUT COUNTY	131 CITY OR TOW	VN I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3800 [1]	Beloveder	21215 AUC.
uted within	300	3	THER'S NAME FIRST	WIDDLE	2 PAST		15 MOTHER'S MAIDEN N	Paldoliw	30	ruel
tote be execu	Poges		/AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES ES, GIVE WAR OR DATES)		4	LENDRA C	O ADDR	Hay	U CANAL CAMA
es that the death certification of	an please remave buriol, cremotion iry, or ather froum	z	Conditions, if any, whi gave rise to immedia cause (a), stating tunderlying cause la	DUE TO ch he st. (c)	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU	I C	encep-	halopat RMINAL DISEASE OR CON	m	ART 1(a)
he low required to the low	ne prior	CERTIFICATION	190 DATE OF OPERATION	19b COI	NDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES	
NG PHYSICIAN: The	riol-tronsit pentol Hygier Hem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAI	RT 2)
NG PHY	os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE [AT HOME	CE OF INJURY E, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNT	TY STATE
Tendo of	J for use . of Heol		22a.I certify that (this sow the deceased of above, (I) (we) (did) (ive on 4	9 - 19			n death occurred on the d		
TAL OKATI	detoched tote Dept			evados	5		ATTENDING PHYSICIAN		FF .	04 SIGNED
O HOSPII	should be deto		22d. PHYSICIAN'S NAME	Devac	doss		22e ADDRESS	ovident-	Hosp	ital.
BP_	- v 3 <u>«</u>	230.	SURIAL, CREMATION, REM SPECIFY)	B 23h DATE	12-83 F	NAME OF C	METERY OR CREMATOR	9 Jean	COUNTY	m.C.
DHMH - 16	50M 7/77	24. F	INERAL DIRECTOR		AOORESS	4.3	25a. D	ATE REC'D. BY REGISTRAR	25 ZEGISTRAR'S SIC	GNATURE



4	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYG	Siene 8	3 REG. NO.	1 ()	7 0
Senth 3		CEASED NAME OR PRINT)	FIRST OIS		RIDDLE	Ro	ese		20 DATE C	FDEATH MO	NTH / DA	/ 83	3 A M
M	I SE	male		RACE White		5 DATE C	F BIRTH	32	51	EARS LAST BIRTHDA	YRS.	ONTHS DAYS	IF UNDER 24 HRS
14 BO	0	RTHPLACE (STATE OR FO	REIGN 76	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER M	ARRIED		ORECITY <u>OR</u> C			ME
Filed		TY OR TOWN OF DEA 1 timore		(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET Hospita	ADDRESS)	R OTHER INST	TUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WI SEWIFE	ORKING LIFE)	INDUSTRY	r BUSINESS OR making
	13a S	AL RESIDENCE (IF NURSITATE ryland	136 COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOV		13d INSIDE CIT	TY LIMITS?	13. STREET 5221	ADDRESS Trump	Mil	1 Rd.	21206
and 2 sh	14 FA	THER'S NAME PIRST Ray	Mil	DDLE	Deulle	у		MAIDEN NA	ME	MIDDLE		John	
Pages I		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		219-28		17 INFORMAN		Roes	ADDRES5	221	Trump 21206	MillR
r the attending physicic e remave carbanpaper: crematian, ar remaval. ther traumatic event, the		18 CAUSE OF DEATH W 2500 Conditions, if ony, gove rise to imm couse (o stotin underlying couse	which dedicate the	DUE TO, O	1. 1	ENCE OF	cirat	bronie	ani nu	st dail	lure		MATE INTERVAL INSET AND DEATH
a burial,	Z	PART 2 OTHER SIGN		(c) NDITIONS CO	ONTRIBUTING TO	DEATH BUT		TO THE TERM	INAL DISEAS	SE OR CONDIT	ION GIVEN	V IN PART 1(o	ate
ene priar to	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFOR	MED	200 AUT			WERE FINDIN	
Mental Hyg	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURR	AUSE OF DEATH		m. month d m.	AY YEAR	21c HOW INJ		RED (ENTERN	ATURE OF INJURY IN	TEM 18, PAR	T 1 OR PART 2)	
as the b	ME	WHILE NOT WE AT WO	RK	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		-	CITY OR TOWN		COUNTY	STATE
CTOR: d for use r. af Heo m 21 is n		220.1 certify that (1) saw the decease above (1)(we) (d alive on_	4/5	19_			our) opinion	death occurr	ed on the date	and hour o		hat (I) (we) lost ouses stoted
detacher detacher tate Depi		22b. SIGNATURE	lan	rom	In my) '	Pi		MEDICAL DIRECTOR	STAFF	No.	4/	1/43
ould be in the Si		22d. PHYSICIAN'S NA	ME (TYPE OF PI	ARK	PANJ	mp	22e ADDRESS	CH	de	Hof.	Me	1.	

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 4-8-83

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.

23d. LOCATION

Baltimore, Maryland

24 FUNERAL DIRECTOR
Lassahn F

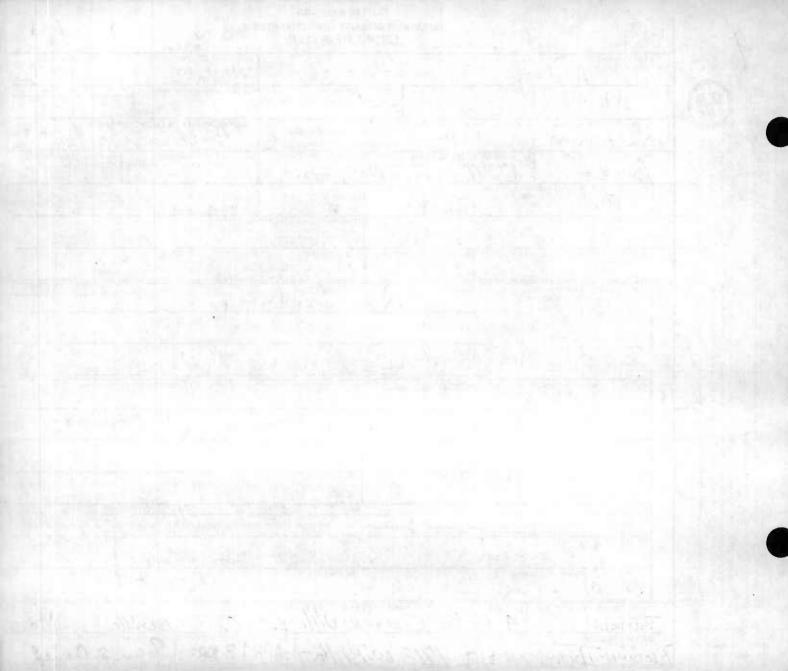
(21236)Funeral Home 7401 Belair Rd.

DHMH - 16 50M 1/76 (VR A 15 (4))

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			ST.	ATE OF MARYLAND		
4	1.	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	10171
(of E " " >		CEASED NAME FIRST A Le	n T Ox	09ers	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
M	3 SE	M -		E OF/BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
vineral di	7a. 8	RTHPLACE ISTATE OR FOREIGN	b. CITIZEN OF WHAT COUNTRY? 8 MARI	RIED NEVER MARRIED WED DIVORCED	9. BALTIMORE CITY OR COL	
by the fu	Iđ. C	Salt =	11. NAME OF HOSPITAL, NURSING HOM OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12h. KIND OF BUSINESS OR
should be in should be in fust be		TATE 136. COUN		13d. INSIDE CITY LIMITS? YES MO \(\sqrt{1} \)	13e STREET ADDRESS	21233 LHOUN STREET
completely s 1 and 2 sh	14. FA	THER'S NAME MATHEW	ROGERS	15. MOTHER'S MAIDEN NA FIRST PECILLA	WE	ROGERS
physicion and co	0	(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO. WAR OR OATES) 265	119 NFORMANT	FELDER 91	APT. #411 1 LEADENHALL STRE
n. permit. Then please remove carb ne prior to buriol, cremotion, or a ws.ony injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause to lo, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF	U	INAL DISEASE OR CONDITION	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH?
ding physicio	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 1 21e. PLACE OF INJURY	9 21f LOCATION	YES NOM	
I or otten R: After th use os the leolth and s marked o	W	WHILE NOT WHILE 220.1 certify that (1) (this hospite	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) oll) ottended the deceosed from 19	4/2 1903	to 4/1	the county state
the hospital L DIRECTOR: roched for us e Dept. of He If them 21 is		saw the deceosed alive an obove, (I) (me) (did) (did not 22b. SIGNAYURE)	view the body after death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
hospital IRECTOR: hed for us ept. of He them 21 is	230. (obove, (Jume) (did) (did not 22% SIGNATURE) 22% PHYSICIAN'S NAME (TYPE OR	PRINT) 23b. DATE 23c. NAME O	DEGREE ATTENDING	MEDICAL STAFF ,	FOR LABORET SIGNED



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	V					E OF MARYLAND				
10	11.	FOR STATE REGISTRAR		DEF		EALTH AND MENTAL H	YGIENE 8 3	NO.	0 1	7 3
		CEASED NAME FIRST	10 V 10	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR P
9		CATHE	RINE	D.	ROLI	LINS		04/26		3:36 _M
	3. SE	х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST I	IRTHDAY}	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		Female	White		Marc	h 19 1919	64	YRS.		
E 400 27	. Ja-8	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	DAT MENO			
	10.0	Md.	U.S.A.		WIDOWE	DIVORCED [BALTIMO			MD. OF BUSINESS OR
	BA	ALTIMORE	THE	JOHNS	HOPKIN	S HOSPITAL	LTYPE OF WORK FOR MOST	OF WORKING (IFE)	INDUSTRY	o. City
ND 21	130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION NTY	134. CITY OF	e before admission) R TOWN Ltimore	13d. INSIDE CITY LIMITS?	3123 E .MC	Elder	ry St	. 21205
D exe	14. F.	ATHER'S NAME	MIDDLE	LA		15 MOTHER'S MAIDEN	VAME		145	
MAR wed w		unknov		(A)	31	Mary	MIDDLE		Perne	Z
BATTIMORE, MARYLAND 2120 cote be extured with 2th birs ysician and complete begin by peers. Pages 1 and 2th out of the val. t, the medical expendent with be as		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)		SECURITY NO. 05-2776	Winifred	Logwood-	530 N.	High	land Ave
400 5		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one cause pe ED BY: TE CAUSE (o)		DOREST	PIRAMAY	ARIEST		BET WEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. OF PHYSICIAN. The law required had the definering that this certificate has been signed by the attending past the buriel-transit permit. Their please remove corbon than ad-wental Hyglene prior to Burial, creamation, ar remarked.		0384	10180	OR AS A CON		SHALL			2	46
de atime atimes marie		Conditions, if any, which gave rise to immediate) (b)-		CVIIC	31100				1
hamilton of the control of the contr		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CON	SEQUENCE OF	JUMPA 33 C	SEPSIS		2	days
S, 20	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVE	N IN PART 110	31
OR COLUMN	15	190 DATE OF OPERATION	E POS	ITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	UCTURE TEN	WERE FINDIN	AGS LISED
REC law	CERTIFICATION	THE DATE OF OPERATION	178. COND	MINORY	VIIICII OFERATIO	IN WAS FERI ORMED			ING CAUSES	
ITA!	4 1	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCI	VES NO URRED (ENTER NATURE OF IN			NO L
OF V		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTI	H DAY YEAR					
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IVISI	2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, C	DEFICE, FARM ETC)	SIREET	CHTOK	Owie	00,41	JIAIL
D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		22a.1 certify that (1) (this hasp				7 19 8	3 , to 4 9	6	, 83	that (I) (we) last
VITER Spirto CTO for of H		saw the deceased alive or above, [1] (we) (did) (did n	4/2		19_83 01	nd that in (my) (our) opinio	on death accurred on the	date and haur	and from the	causes stated
OR A DIRE oched Dept.		77L SIGNATURE	01	1	/	DEGREE ATTENDING	MEDICAL ST	AFF \	THE DATE	SIGNED
- f - f - f - f - f - f - f - f - f - f		ayellam	C. JUN	mun	THE MID	PHYSICIAN	DIRECTOR PHYS		14/2	6/83
TO HOSPITA etoined by TO FUNERA should be de with the Stat		WILLIAM SU	MUND)		JOHNS H	LEPKINS HE	SPITA	AC	1
0 = 0 + 3 ×		BURIAL, CREMATION, REMOVAL			230 NAME OF C	EMETERY OR CREMATOR	CITY OF TOWN		COUNTY	\$1,415
BP		Burial	4/30,			Redeemer	Balti			Md.
DHMH - 16 50M 4/82	24 F	UNERAL SICH I Munek					ATE REC'D. BY REGISTRA	R 25 GISTR	AR'S SIGN	URE
(VRA 15, 4)		3331 Breh	ms Lane	e, Ba	lto Md.	21213	PR 29 1983	John	1	mey

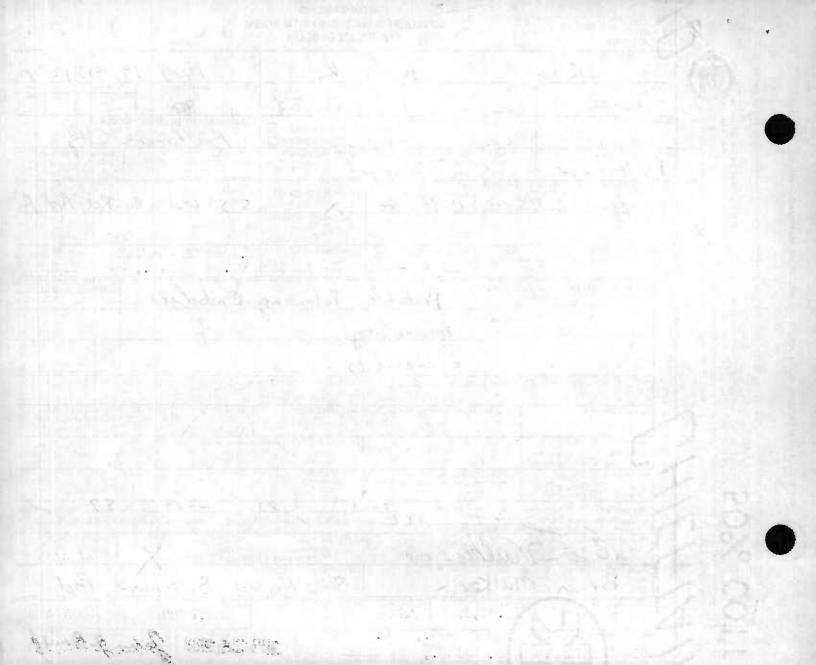
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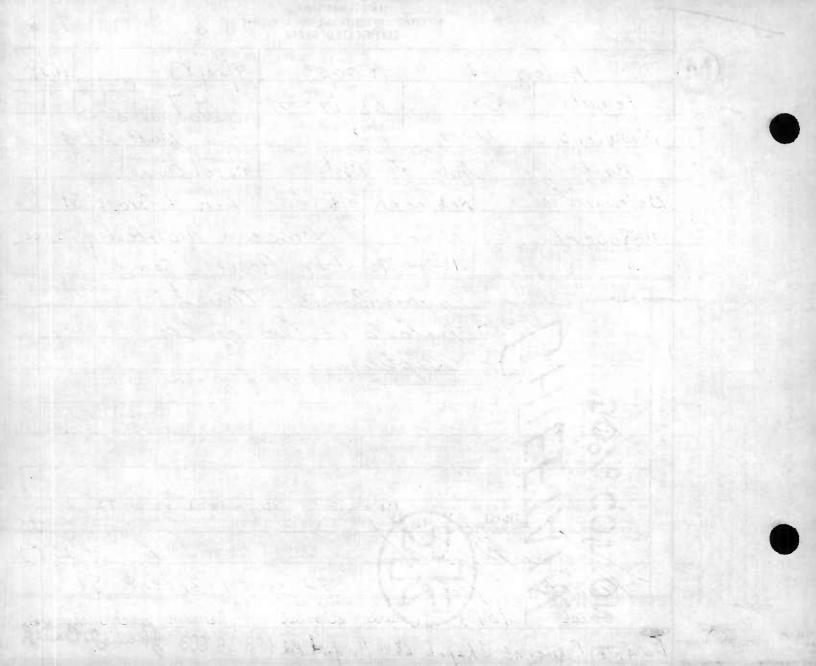
6010 REISTERSTOWN RD. BALTO., MD

DIVISION OF VITAL RECORDS,

(VRA 15, 4)



	1			STATE OF MARYLAND		
-10	11	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 3	10175
10		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.
64.5		ECEASED NAME FIRST	MIDDLE	LAST	TE DATE OF DEATH	MINTH DAY YEAR 26. HOUR
a 21 M	A	Hele	n L	140006	4/23/83	111.58 m
hooy 1	1.5		4. RACE	S. DATE OF BRITH	6 AGE INVENTIGATION	HEIAY) IF UNDER 1 YEAR IF UNDER 24 HRS
9e 4	1	Female	Cave	03 67 36	47	YRS.
9 40 B	70.1	HRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
5 18 4	1	MARYLAND	USH	WIDOWED DIVORCED	/	Salt City MD.
b 23 17	O 10.0	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST OF	
o soft	2	Balt	· Univ	of mod		wher
212 Hour hour		JAL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BE		13e. STREET ADDRESS	94949
ND 24	9/	deleware	01	of YES NO [6 th	Grove St
tely 2 sh	/14.F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	
MAR d w bud bud	12	phoRohent	MIDDLE M. C. O.	6+ ONC	e Mole	Grady Mcgreevy
SE COM	160	WAS DECEASED EVER IN U.S. AR		ECURITY NO. 17. INFORMANT	ADDRE	SS
MO e ex Poge	5	(YES NO OR UNKNOWN) (IF YES, GIV	214-34	-4587 John 1	Ponne	Same
e be ers.		18 CAUSE OF DEATH (Enter on			TONC.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficol ficol pop novo		PART I. DEATH WAS CAUSE	D BY:	lean of the man	Anna 1	BETWEEN ONSET AND DEATH
ng p bon rem		1830 IMMEDIAT	TE CAUSE (o)	mobiles morales	WHILE H	
To the contraction of the contra			DUE TO OR AS A CONSE	QUENCE OF		
dec office of the office of th		Conditions, if ony, which	(b) he	Castalia VIII	man l	1
V. P. the		couse 10), stating the	DUE TO OR AS A CONSE	QUENCE OF		
thoi thois of, o		underlying couse last.	X 11	pulemuca		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retificate has been signed by the offending physician and completely filled in by os the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in by the ond Mental Hygiene prior to buriol, cremation, or removal.	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONT	DITION GIVEN IN PART 110
ORD requestre	CERTIFICATION					
S been s prior prior	15	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRI The laction. Te has ssit per sit per shows	⊿ଞ	hone			YES NO	YES NO
VITA N. Thysicic icote ronsid Hygii		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
YSICIAL ding ph is certific buriol-tr Mentol or frem 1	1 3	OR CONTRIBUTING CAUSE OF DEA	din .	19		
HYS oding	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
VISI G P onter ond ked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC)	CITORIO	
Aft Aft mor		220.1 certify that (I) (this hospi	tol) attended the deceased fro	m april 6 19 87	to April	2.3 , 19.83 , that (I) (we) last
TEN TOR Or us		saw the deceased alive on	April 23	622	deoth occurred on the do	ote and hour and from the causes stated
RECI RECI ed f pt. em		22b. SIGNATURE	t) view the body ofter death.	DEGREE		226 DATE SIGNED /
the Der		-	Al /1/2	ATTENDING	MEDICAL STAF	F 6 4/23/83
PITA by by ERA e de c de	-	THE PHYSICIAN'S NAME CHANG	111111111111111111111111111111111111111	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	1/2/0/
HOSPITA ined by FUNERA vid be de to the Stot		///	1 / 1		ritil Da	eene St
TO HOSPITAL retoined by 1 TO FUNERAL should be deal with the Stort MAPORTANT:	-	Nenneth	/soch			e conte de
CONCA	230.	BURIAL, CREMATION, REMOVAL		C	23d. LOCATION	COUNTY STATE
9999BP		Durial	4/26/83	Epworth Methodist		h Brach Sussex De.
DHMH - 16 50M 4/82	24	LINERAL DIRECTOR	A / ADDRE		TE REC'D. BY REGISTBAR	256 EEFS ARS SIGNA SELECT
(VRA 15, 4)	1/-	-1/12 4/2 /-116/e	rul Chanel	8800 / A HAND REAL	11 11 4 3 1300	0



	1.	FOR - STATE REGISTRAR			TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0	E E C	श्री हैं :	5096
of the pe		CEASED NAME FIRST GORPRINT)	0	6	R	Sario	20. DATE OF DEA	TH MONTH	7 83	242 t
cto. po	3. SE		4. RACE	w	S. DATE C	OF BIRTH	6. AGE JIN YEARS LA			IF UNDER 24 HRS
Pog		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CI	-	OF DEATH	
deoth de		Puerto Rico		S.A.	WIDOWE	DINORCED	Balti	more Cit	ty	MD
s offer	10. C	Balto.	(IF NOT IN SU	HOSPITAL, NURS CHEACHITY, GIVE STREET APPLES HOS	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING LIF		BUSINESS OR
24 hour	13 ₀ .	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION		DRE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR		nore, Md	
npletely and 2 sh)4. F	ATHER'S NAME FIRST JOSE	MIDDLE	Rodrigue	7.	IS MOTHER'S MAIDEN N FIRST Abelina			LAST! Colo	
and cor		WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17. INFORMANT 828		PORESDr., S #2114	Severna,	
equires that the death certifical in signed by the attending phys. Then please remove carbon pap to burial, cremation, or removaliqury, or other traumatic event,	No	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, 9	OR AS ACONSEQUENCE ON TRIBUTING TO	UENCE OF	t sugara	D adva	med CONDITION GIV	EN IN PART I (a)	
n. nos beer permit. ne prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	
PHYSICIAN: The ending physicial physicial this certificate in the burial-transit page of act them. It stop do them. It stop do them.		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ein	OF INJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	F INJURY IN ITEM 18. P	ART 1 OR PART 2)	
F = + = P	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
ATTENDING aspital or oth ECTOR: After of far use as that, of Health at. of Health		220.1 certify that (the hosp saw the decessed alive a above (1) (did) (did n	4	-6.27 19	83,0	, 19 0 apinio	n death accurred on t	he date and have	r and fram the co	
by the his by the his by the his betache e detache State Dep		226. SIGNATURE		nella	, l	DEGREE ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL DIRECTOR PH	STAFF HYSICIAN [22c. DAJE SI	-7/P3
TO HOSPITAL retained by 11 TO FUNERAL shauld be det with the State IMPORTANT:		Herbert	V. Lo	inika	5	5404	East 1	Drive	(1/2	27)
BP		BURIAL, CREMATION, REMOVA 11 TOM bm ent	May 2		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOV Miami	VN	COUNTY	STATE

DHMH - 16 50M 4/82

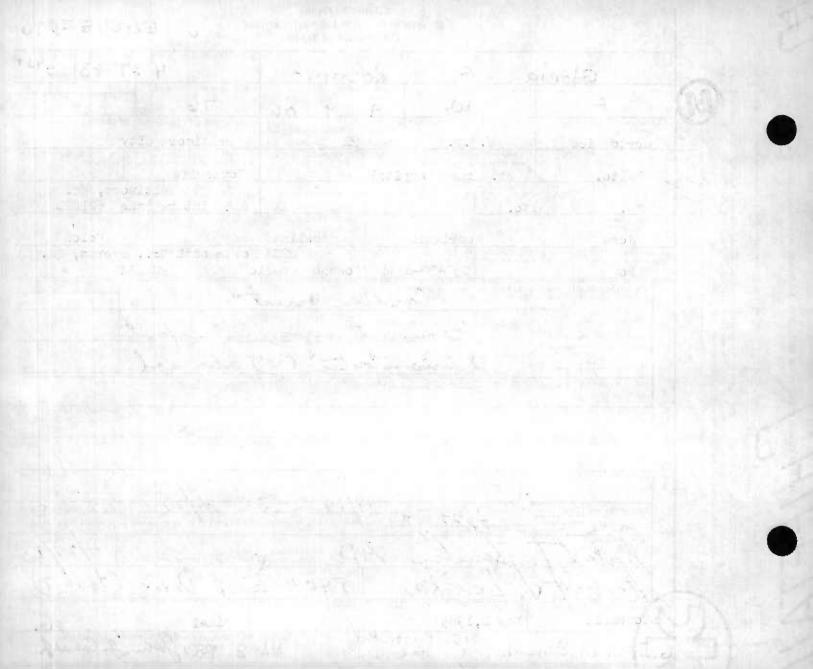
(VRA 15, 4)

G. Truman Schwab

May 2,1983

JISI Balto. Md.

250. DATE REC'D. BY REGISTRAR POREGISTRAR'S SIGNATURE. 1983



(VRA 15. 4)

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		The same of	Annageries gregories co.

- 1					STAT	E OF MARYLAND					
		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	REG. N		10	1 7	8
		EASED NAME FIRS		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
-	SEX		adys	A.	ROS Is DATE C	sier	1.465	4	10 83		М
3	SEA	Female	White		MONTH		6. AGE (IN YEARS LAST BIR	THDAY	MONTHS DAY		MIN
70	e. BIF	THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY O	YRS.	Y OF DEATH		
35	CC	Maryland	USA		MARRIE	D NEVER MARRIED	Baltimore	-			MD
44		YOR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING HEACHITY, GIVE STREET LEMONIAL H	ROTHER INSTITUTION	174 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretary		FE) INDUSTR	of BUSINE	SSOR	
000	3e S	RESIDENCE IN NURSING HOTATE	OME OR OTHER INSTITUTION COUNTY	130. CITY OR TOW Baltimor	N	134 INSIDE CITY LIMITS?	1304 W. 4	Lst St	t. 2121	1	
300	FA	THER'S NAME FIRST UNKNOWN	MIDDLE	LAST		15 MOTHER'S MAIDEN N. FIRST Zella	MIDDLE	J	Jnknown	AST	
7 "	e W		S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR		1.7-4	a. o.	
-		No	-	219-18-	7004	Mrs. Audrey	Archibald 1304 W. 41st St. 212				
ny injury, or other	NO	gave rise to immediate cause (a), stating the underlying cause loss PART 2 OTHER SIGNIFICATION CAUSE (CAUSE)	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GI	VEN IN PART	l(a)	MMD AND AND AND AND AND AND AND
18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO NO YES NO				
A		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (# EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A		AY YEAR	216 HOW INJURY OCCUP	RRED JENTER NATURE OF INJU	RY IN ITEM 18.	PART I OR PART 2)		
marked	MEDICAL	WHILE NOT WHILE AT WORK	LAT MOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STA	ATE
em 21 is		220.1 certify that (1) (this saw the deceased always, (1) (we) (did) (d	-		P.3. or	nd that in (my) (aur) apinion	, to, to		ur and from th		
NT: If		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DEGREE 226. DATE SIGNED									
with the State		224. PHYSICIAN SPAME	CORT & am	ROAD		220 ADDRESS					
23		URIAL, CREMATION, REMO		23c h		emetery or crematory ove Cemetery	Baltimore		-	Md. STA	TE
16 25M 4) 1/79		NERALDIRECTOR Alan Seitz,	Jr. Funera	al Homess 3	818 R	oland Ave	PR 1 8 1983	25 GEGIS	TRAR'S SIGN	ATURE	2

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00		FOR		D	EPARTMENT OF	HEALTH	I AND MENTAL H	IYGIENE		1 0	4 4	7 13
		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	S REG. N	I U	1 1	1 7
1		EASED NAME	FIRST		MIDDLE		LAST	20. DA	TE KNOWN		DAY YE	AR Zb. HOL
1	(TYPI	OR PRINT)	James		Е.	F	Ross	O DE A	TH MATED	8 4	4 19 8	33
þ). SEX	4. R		5 DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		ATE	MONTH		EAR 24 HOU
į	Ma	le B	lack	6 17	30 53	YRS.	HS DAYS HOURS	MIN. PRONG	DUNCED EAD	4	4 198	12:5
ļ	≱s. Bl	RTHPLACE (STATE C		76 CITIZEN OF WH		1	IED NEVER MARR	9. BAL	TIMORE CITY	OR COUNT		
ı		REIGN COUNTRY)		U.S.	٨	WIDOV			Baltim	ore C	ity	
		Y OR TOWN OF D		11 NAME OF HOSE	ITAL, NURSING HOA	ME, OR OTH		12ª USUAL OC	CUPATION (TY		126 KIND O	F BUSINESS
		Baltimor	e	1747 F	Oliver S	treet		FOR MOST OF	WORKING LIFE)		OR IND	USTRY
		L RESIDENCE (# IN	NURSING HOME C	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)	1				21213	
I	13a S'	RYLAND	13b. COUN	TY	Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e STREET AD	E. Oli	***		
		THER'S NAME			Daitimo	16	IS. MOTHER'S MAIDE			ver		: L
		Joseph		MIDDLE	P O C C		Helen	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIDDLE		LAST	
	16a. V	AS DECEASED EV			Ross	ITY NO.	17. INFORMANT		ADDRESS	Š		
	(YE	NO OR UNKNOWN)		WAR OR DATES)	217-24-	4081	Beatric	e Poss	1/20	Mull	ikin	C+
			ATH (Enter on	lu ann sauce nor line l		4001	Deatile	e RUSS	1423	MULL		MATE INTERVAL
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple on the wounds										DNSET AND DEATH
l		966 OMMEDIATE CAUSE (a) Multiple stab wounds										
ı		Conditions, if any, which										
١		gave rise to cause (a) stati		(b)	AS A CONSEQUENCE	- 05						
ı		lying cause la		DOE TO, OK	G A CONSEQUENCE	OF						
l		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
١	Z	The state of the s	ANT CONDITIONS	CONTRIBUTING TO BEATT	OF NOT KELATED TO THE TE	MINAL DISEAS	E OR COMPITION GIVEN IN PA	KI 1 (Q),				
	ATIC	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTO	PSY?	
	FIC											
	CERTIFICATION	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY FOT 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART									YES X	F WOL
1		210. EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH ? P.M. 4 4 19 83 Subject stabbed										
	MEDICAL	214 INTURY OCCU	IPPED	1914 PLACE O	FINJURY (ATHOME	211.10	CATION	ned				
1	ME	WHILE ONE	OT WHILE I	STREET, FACTO	SET, FARTH CALL		17 F Olive	CITYO	RIOWN		YTMUK	STATE
		AT WORK - AT	GRK	hon	10	11/	47 E. Olive	31.,	Baltimo	i e		Md
۱		17a certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry, and in my ap									pinian	
l		death resulted from Motoral course										
l	ч	ACTUAL	XV	· me el	10 H		TITLE (SPECIFY)			5.175		
Į		SIGNATURE	141	word)	1 mm	×	Deputy Ch	1 i enfedical E	AMINER	DATE SIGNE	ED 4/	/5/83
1		EXAMINER'S NAM	ır .	Thomas D	C-Ith W	nt.		LLI D	C+ 5		1145	
		(TYPE OR PRINT)		Thomas D.			ADDRESS	III Penn	5T. B	Balto.	, MD.	
	23a. B!	JRIAL, CREMATION	, REMOVAL 2	36 DATE	23t. NAME OF C	EMETERY C	R CREMATORY	23d. LOCATIO	Z	COUP	NTY	STATE
l	В	URIAL		4/9/8	3 Cedar	Hil;	L Cem.	Gle	nburni			Md
	24. FU	INERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGIS	TRAR I KEG	ISTRAR'S S	SIGNATURE.	14
I	Wm	C Marc	h F/H	Inc. 11	01 E Nor	th A.	APR	6 1983	100	mo	- Court	3

A CONTRACT OF THE PARTY OF THE

6	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLA EALTH AND M ICATE OF D	ENTAL HYG	IENE 8 S	Character of the Control of the Cont	0 1	8 0
		CEASED NAME FIRST FOR PRINT)	(nmi)		ROSTEK				PS3	26 HOUR 5:00 a
	3. SE	x Male	RACE Caucasian	S. DATE O	DAY	1896	6 AGE (IN YEARS LAST BIRTHE		IF UNDER 1 YEAR	IF UNDER 24 HRS
17	- 0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	Y? 8 MARRIE WIDOWI	D NEVER M	ARRIED ORCED	Baltimore (M
10	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 111 S. Potom	SING HOME (OR OTHER INSTI	TUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Longshorema)	VORKING LIFE	E) INDUSTRY	
	13a .S	AL RESIDENCE LIF NURSING HOME OR STATE 136 COUN		NWC	PES	NO 🗆	13e STREET ADDRESS	nac S	it. #2	1224
ekarpine		Peter	Ros	tek		MAIDEN NAA IRST INA	WIDDIE			
medico	1	NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR DR DATES) 216-07-		Mary Ro		- 111 S. Pote		St. #:	21224
other troumding eveni, in		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE IMMEDIATI Conditions, if pny, which gove rise to immediate cause (b), stating the underlying cause last	y one cause per line for (a), (b), 8Y. E CAUSE (a) ARTR DUE TO, OR AS A CONSECT DUE TO, OR AS A CONSECT	DUENCE OF	EROTIC	· C	V OBERSE		BETWEEN C	MATERIAL MAT
mlory, or	NOIL	PART 2 OTHER SIGNIFICANT C	CHRONIC	03.	STRUCTI	WE a	LUNG K	15E	ASE	
2	RTIFICA	146. DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED			YING CAUSES	OF DEATH?
9	2.75	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CRECONTRIBUTING CRECONTRIB		M. MONTH DAY YEAR				WITEM IS TO	uri (de PART 2)	
HARD OF	MEDICAL CERTIFIC	214 INJURY OCCURRED WHILE IN NOT HALL IN NOTE	21s PLACE OF INJURY 1st HOME SISSET, FACTORS OFFICE	E TARM, ETC.)	THE LOCATION	N	CHOKIOP		countr G2	SEATE
		21s.1 certify that (Letter to an saw the defected alive of above, (I) (see 10.5) (did for 17th SIGNATURE	1/5 19	82.	3//9 ad that in (my) (19 70	to 4/7 death occurred on the date	and hour	and from the	their (fill-e) for
		NA	11. B KA	ulf.	1171	TENDING A	MEDICAL STAFF		111.047	100

27st ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

129 S. Broadway

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR should be deteched for us with the Stute Dept. of He

MPORTANT

24 FUNERAL DIRECTOR George X. Weber & Sons Inc .- 705 S. Ann St.

23b. DATE

M. D.

174 PHYSICIAN'S NAME (1991 OF PENT)

IRVIN B. KAPLAN

230. BURIAL, CREMATION, REMOVAL SPECIFY)

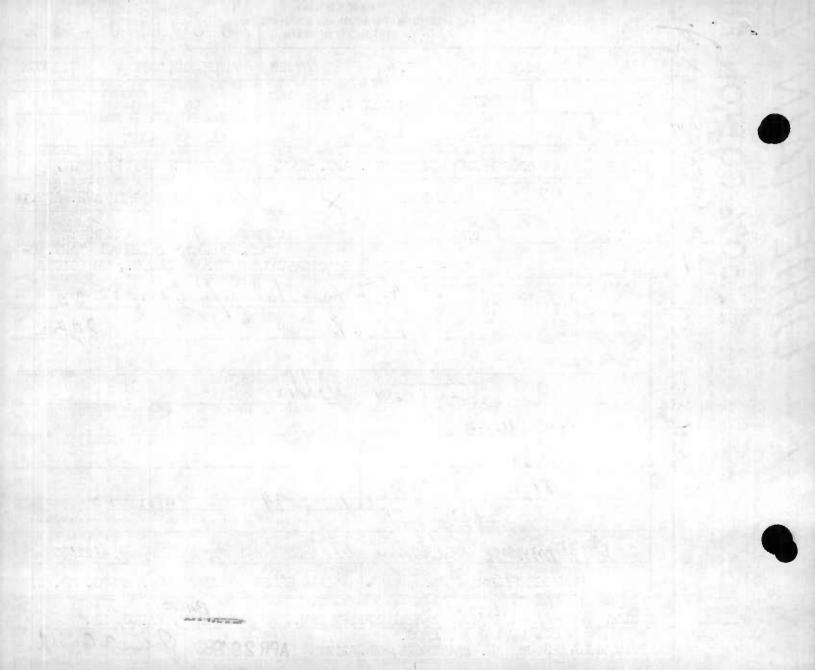
23d LOCATION
CITY OR TOWN
Baltimore City, Md. St. Stanislaus Cem.

trong (fam) Tageou n me a la company Seriouring News 17, 1896 Wren Salismoro ditto The contract of the contract o A CONTRACTOR ASSESS AND ADDRESS OF THE STATE - daule to tech TOTAL TELEVISION OF THE CONTROL OF THE CONTROL CONTROL A CONTRACTOR OF THE CONTRACTOR CONTRACT TO THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PARTY.

	1	FOR STATE REGISTRAR		DEPARTN	ENT OF HEA	F MARYLAND LTH AND MENTAL I ATE OF DEATH	HYGIENE &	HITNO	185	86
y be		CEASED NAME OR PRINT)	is	A.	Roth	mah	2a. DATE OF	REG. NO.	20 83	26 HOUR 800
9ge 4 ma	3. SE	Male RTHPLACE (STATE OR FOREIGN	4. RACE Cauc	asian	S. DATE OF E	15 96	2 RALTIMO	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS (RS. UNITY OF DEATH	IF UNDER 24 H
funeral funeral	I	USSIA TY OR TOWN OF DEATH	USA		WIDOWED	DIVORCED OTHER INSTITUTION	Bal	HMORE	City 1126 KINDS	OF BUSINESS
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within 24 detay filled d 2 though		THER'S NAME	NKWOWN	BaHim	ore in	ROSE	3601	Fords	Lane	#2121
ond corp ond corp Poges 1 cm		VAS DECEASED EVER IN U.S.		166 SOCIAL SECUI		INFORMANT 1153 CONEY		ENBADAS BI		11230
uires that the death certi igned by the attending sen please remave carbon burial, cremation, or ren ury, or other traumatic ev	z	Conditions, if ony, which gove rise to immediate cause lol, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF	teart Fa		e or condition	N GIVEN IN PART 11	o
The low requiries.	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH			20a AUTO	NO X	IF YES, WERE FINDI ERTIFYING CAUSES YES []	NGS USED OF DEATH?
PHYSICIAN: fending phys this certifica he buriol-fron nd Mentol Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTH'Y MEDICAL EXAMI) 21d. INJURY OCCURRED WHILE AL WORK ALWORK	DEATH HOUR A.M. P.M. 21e. PLACE O	A. MONTH DA	Y YEAR 19	It. HOW INJURY OCC II LOCATION STREET	CURRED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART (OR PART 2)	STATE
L OR ATTEND of the hospital of the hospital of the tracked for use of Dept. of Head 1 is must be the second of the		22e.1 certify that (florings has sow the deceased alive above (Mywe) (did) (did) 22b. SHONATURE	on 4/20			hat in (my) GOT Opin GREE ATTENDING PHYSICIAN	G _ MEDICAL	d on the dote one STAFF PHYSICIAN	d hour and from the	
TO HOSPITA etoined by TO FUNERA should be de with the Stat		Deborah	e or print) and	DM.		Sihai	Hosp	ital o	f Balt	more
BP		BURIAL UNERAL DIRECTOR SOI	APR. 2	1,1983 1	NEW MON	TEFIORE	P	ORTOWN	COUNTY LI N BISTRAR'S SIGNA	EW YOR
DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME SOL	LEVINSON			015	APR 25	1983	hang-	shield

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The Atlanta of the Later Manager Art of College A Landard Street 100 25 1993 Per 2 Carint





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' '	REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0.	U :	0 4
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(100	John			Ro	oyals	April 1:	3, 198	3	M
	3. SE.	Х	4 RACE		S. DATE O		6. AGE IN YEARS LAST BIT		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male	Wh	ite	Mar	. 10, 1932	51	YRS.	MONINS	HOURS MIN.
10		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
N		rth Carolina	US.	A	WIDOWI		Baltimo	re Ci	tv	MD.
11	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
U	18	Baltimore		Tramore 1			Salesman			e Homes
25	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			081
り]	Maryland -		Baltimo		YES X NO	5408 Tran	ore Ro	oad	9-00
u.	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
UU.		Martin	Α.	Royals		Lela	Pear1	Grego		
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDR			
1	,	No	ONE WAN OR DATES	227-38-	-0223	Miss Sandra	C. Royals	same a	as # 13	
		18 CAUSE OF DEATH (Enter	only one couse pe	r line far (a), (b), an	nd (c) 1	/			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)	Braza	n x	ung				
п		7396	_	R AS A CONSEQU	ENCE OF	, 0				
		Conditions, if any, which	(b)	metz,	かか	= to lun	71-			
		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEOU	ENCE OF					
		underlying cause lost.	(6)		ENCE OF					
		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
	CERTIFICATION									
2	CAT	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
1	E						YES NO		S 🗍	NO [
0	G	21a. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D.	AV YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	'ART I OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF D	PEAIN	.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	5 a Paris 5 2 5 3	211. LOCATION	CITY OR TO	OWN	COUNTY	STATE
,	>	WHILE AT WORK	TAT HOME, ST	REEL, PACIORY, OFFICE, P	FARM ETC	311621				
		27a.1 certify that () (this has	pital) anended th	is decreased from_		. 19	, to		19	that (I) (we) last
		taw the deceased alive above, (I) (we) [did] (did)	not we the Midv	Struc decith		nd that in (my) (our) opinion	death occurred on the d	ate and hour	r and from the	causes stated
		27% SIGNATURE	11	-		DEGREE			22c. DATE	SIGNED
		100110	Clear			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [4/1	3/83
1		22d PHYSICIAN S NAME THE	CEPHNIT			22e ADDRESS			1 1	-
1		Nestor Car	mona. M. I).		6012 Har:	ford Road			
		BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	1	Rurial	4/15	/83 Ca	rdens	of Faith Cem	Raltin	ore	Maryla	state

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

FOR

Ruck Towson Funeral Inc.

ADDRESS Towson, Maryland APR 1 5 1983

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1 - S	OR TATE EGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0	G. NO.	0 1	8 5
1. DECEA	ASED NAME FIRST	٨	AIDDLE	i	AST	20 DATE OF DEA		DAY YEAR	2b HOUR
	DOR	TC	ROYST	r D		April 3	15. 19	83	1:00 %
3. SEX	DOIS	4 RACE	RUISI	5. DATE C	F BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		ack	10	5 2 4		58 YRS	MONTHS DAYS	HOURS MIN.
	HPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	XX NEVER MARRIED	9 BALTIMORE CI			
	aryland		5.A.	WIDOWE		BALTIMO	DRE CI	TY	M
	TIMORE	(IF NOT IN SUC	OSPITAL, NURSIN HIFACILITY, GIVE STREET HNS HOP	ADDRESS)	HOSPITAL	120 USUAL OCCU			OF BUSINESS OR
USUAL R	RESIDENCE (IF NURSING HOLD OF					1			
	ryland	NII	Baltime		13d. INSIDE CITY LIMITS?			Ct. 21:	202
4 FATH	ER'S NAME				15. MOTHER'S MAIDEN N				
)	Milford	MIDDLE	Lane		Elizab	n t h	OLE	B1al	7.0
lóa WAS	DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT		DDRESS	ртал	N.E
(YES		VE WAR OR DATES)			Pearl Dur		13,000	ans St	reet
18	CAUSE OF DEATH (Enter or	nly one cause per	line far (a), (b), and	digil	01			APPROX BETWEEN	MATE INTERVAL
	FART I. DEATH WAS CAUSE	/	sastroil	ntest	inal hem	owage		1 h	ever
	2 /0 /	DUE TO O	AS A CONSEQUE						
C	anditions, if any, which	(b)_	AS A CONSCOOL	THEE OF					
	ave rise to immediate ause (a), stating the)					CHAIN F		
	nderlying cause last		AS A CONSEQUE	NCE OF					
D/	ADT 2 OTHER CICALIER AND	(0)	NITRIBUTING TO S	OF A THE DUST	NOT DELLATED TO THE TER				
CATION 190	ART 2 OTHER SIGNIFICANT		who al	ruse	- NOT RELATED TO THE TER	MINAL DISEASE OR (ONDITION GI	VEN IN PART 16	a
	DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
21c	a ACCIDENT WAS UNDERLYING	2 84 7145 0			Tax Have below a	YES NO		ES 🗌	№ □
	R CONTRIBUTING CAUSE OF DE	1216. TIME OF	A. MONTH DA	YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2}	
45	IF EITHER NOTIFY MEDICAL EXAMINE		۸,	19					
210	INJURY OCCURRED	21e. PLACE C	OF INJURY		21f LOCATION	CITY	OR TOWN	COUNTY	STATE
A.	WORK NOT WHILE	(AT BOME, STRE	EL, PACIORY, OFFICE F.	ARM, ETC	314561		1		JIAIL
220	1.1 certify that (1) (this haspi	tal) attended the	deceased fram	-4	15 19 8	3.10 4	IS	19 83.	that (I) (we) last
	saw the deceased alive an abave, (I) (we) (did) (did no	ti view the body	atter death	5), an	d that in (my) (aur) apinia	n death accurred an t	he date and ha	ur and fram the	causes stated
22	SIGN ATURE	10-	/	1	DEGREE			22c. DATE	SIGNED
1	Martil	11/21	-		U.D. ATTENDING		STAFF	40	10/83
220	PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	_ DIRECTOR _ PH	TSICIAN	171	12/03
	MAROK +	DATA	-111			Ll-0-1110	- II	1000	

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March

230 BURIAL, CREMATION, REMOVAL (SPECE URIAL)

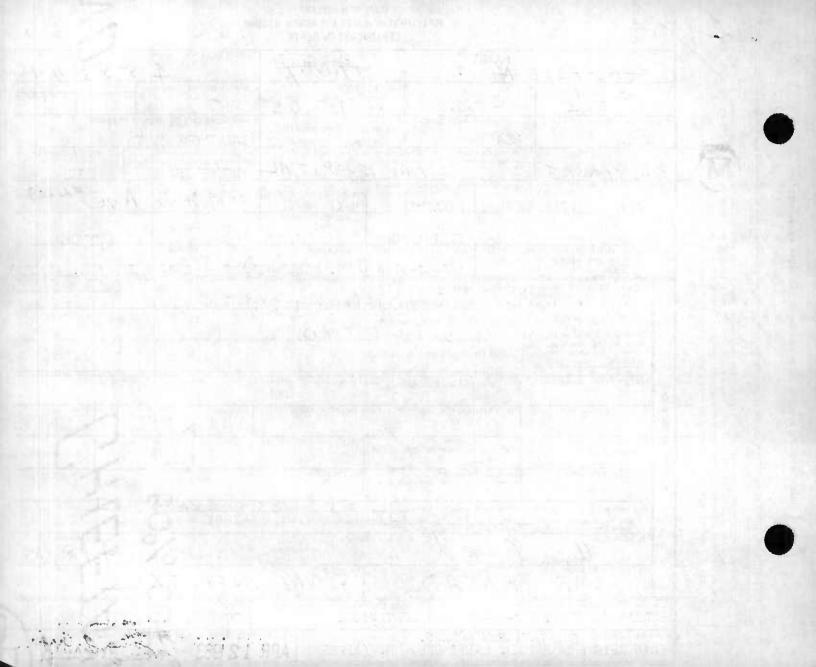
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cem

23d LOCATION CITY OR TOWN Baltimor

COUNTY

236 DATE 4/20/83 ADDRESS E North

WASK T. RATAIN SURVEY BURGE TO ARAM. -1 20 1833 Sales Charles



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	1	0	i	8	
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į	1.	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0.	0 1	8	7
		CEASED NAME FIRST TOSEDHIN	e Ru	whle	wicz		MONTH DAY 4-19-	-83	2h HOUR	
	3. SE	1	Cauc.	MONT 6	OF BIRTH DAY SO S S S S S S S S S S S S	6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 2 HOURS	MIN.
7		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	RY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		MD.
0	1	Batt	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	RSING HOME (120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OI INDUSTRY	F BUSINES	
5	130.	AL RESIDENCE (IF NURSING HOME OR STATE)			136. INSIDE CITY LIMITS?	130. STREET ADDRESS	ndalk	AU.	2/28	ねる
X	14. FA	ATHER'S NAME	widdle wie	ch	15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST		
1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SE E WAR OR DATES)	CURITY NO.	17. INFORMANT	ADDRE	SS			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	us Ce	relrovascu	lar accid	ent			
	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> t	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1(o	1	
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIC	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES		
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED		DAY YEAR	21c. HOW INJURY OCCURR					
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		STREET	CITY OR TO	WN	COUNTY	STA	ATE
		22a. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	7	70.0	nd that in (my) (aur) apinion o	death occurred on the do		d from the c	auses stat	
		Susan L	Denman	M	ATTENDING PHYSICIAN	MEDICAL STAF		4/1	9/	f3
		Susan De	enman	W.	5200 Eas	tern Aue	Palt 1	uda	122	14
	23a. I	BURIAL, CREMATION, REMOVAL	, , ,	SACREO	EMETERY OR CREMATORY HEART MAKE	23d. LOCATION CITY OR TOWN	77,00	DUNTY	STA	

DHMH-16 30M 2/80 (VRA 15, 4)

13 JACRE
14/23/83 SACRE
14. FUNERAL DIRECTOR
NAME
2/allin Dahowski - 1005 Dundark

ELECTION OF THE KNOWLED And Short Sund Short

Martin D. Lawson, 10 W. Padonia Rd., 21093 APR 5

STATE OF MARYLAND

(VR A 15 (4))

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DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12	REGISTRAR				REG. NO	5.		
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(STEPH	HEN W	RUTH		()4 27	85	1048m
3. SI		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	male	white	MONTH DAY		75	MONTH	DAYS	HOURS MIN.
7				1907	A DALVILLONG CITY O	YRS.	TATU	
70. 1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED D NEVE	R MARRIED	9 BALTIMORE CITY O	K COUNTY OF L	JEAIH	
	1110.	U. S. A.	WIDOWED	DIVORCED [Baltimo.	Ec Ci	ty	MD.
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		NOITUTION	(TIME OF WORK FOR MOST O		b. KIND OF	BUSINESS OR
	Baltimore	St. Agnes	11 -1-1		Pharmarie	WORKING (IFE)	Der	74
Ust		ROTHER INSTITUTION, GIVE RESIDENCE ENTY 136 CITY OR	BEFORE ADMISSION)		THE STATE OF		74	Inch
	1110. 11to	111947	iettsville YES [NO 🎏	12300	old Fre	derie	k Rd.
14. F	ATHER'S NAME	MIDDLE ASA	15 MOTHE	R'S MAIDEN NAM	WE	^	1 457	
	Stephen	Roit		PARY MAN		Gra	har	sk,
	WAS DECEASED EVER IN U.S. AF		SECURITY NO. 17 INFOR		ADDRE	SS	-CACO	26-2
	(YES, NO OF UNKNOWN) (IF YES, GI	VE WAR OR DATES) 144 16	6352 MA	cy K. Ri	THE MARI	RioHsin	11e, 1	nd.
	18. CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b	o), and (c).)	OA .			BETWEEN OF	NATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (a) Cereb	rovascular	Mender	it left			
	4360		FOURNIES OF					
	Conditions, if any, which	DUE TO, OR AS A CONSI	A 1 - 1 - 1	ample	Vascular 1	Arease.		
	gave rise to immediate	16) Severe	TITTOGOSCA	6 10110	Tor accequir	VI cm2 ch		
	underlying cause last.	DUE TO, OR AS A CONST		mobison		0.27037		
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	. A A					~ ~
NO	Dysphagia, A	denoch prost	ate, Adenoci	tinvitu	Colon, Sevi	esetvi	1,00	SPD.
CATI	190. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PER	FORMED	200 AUTOPSY?	10b. IF YES, WEI		
E					YES NO	YES 🗆	CAUSES	NO [
CERTIFI	210. ACCIDENT WAS UNDERLYING			INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 211 LOCA	TION				
ME		(AT HOME STREET, FACTORY, OF		EET	CITY OR TO	WN C	OUNTY	STATE
	WHILE NOT WHILE AT WORK				1			
	220.1 certify that (1) (this hosp			1983		2/ 19	-3 _, #	not (I) (we) lost
7	saw the deceased plive or above, (I) (we) (did) (did no	ot) view the body after death.	19_\$3_, and that in (n	ny) (our) opinion o	death occurred on the do	ite and hour and	from the co	ouses stated
-17	226. SIGNATURE	/	DEGREE				22c. DATE S	IGNED
3	V.V.	aneur -	MD,	ATTENDING PHYSICIAN	MEDICAL STAF		412	7/83
П	224 PHYSICIAN'S NAME LTYPE	OR PRINT)	22+ ADDI		J DIRECTOR PHTSIC	IAIN	77	11-2-
	K/	+NANI-	St	· Agnes	hospitel	, Balk.	Mon	Md,
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY C	RCREMATORY	23d. LOCATION			
1	Oudin!	4-30-83	Mrt. Vin Con	notin	MADDIST	w/1 /2	MIDDA	1 mil
24. F	UNERAL DIRECTOR		The same Con	Sa. DATE	REC'D. BY REGISTRAR	25 REGISTRAR'S	SIGNATU	RE
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V	/				STAT	E OF MARYLAND				
to	1	FOR STATE		DEP	ARTMENT OF H	EALTH AND MENTAL	HYGIENE A	3	I O I	9 0
1		REGISTRAR			CERTIF	ICATE OF DEATH	U	REG. NO.	1 0 1	, 0
		CEASED NAME FIRST		MIDDLE		AST	Ze. DATE OF D	EATH MONTH	DAY YEAR	26. HOUR
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pog pr de	3. SE		4. RACE	Hazel	S. DATE C	OF BIRTH	6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS
offic.	1	emale	Whit		MONT		00		MONTHS DAYS	HOURS MIN.
Poggine Survey	100	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		July		89	CITY OR COUN		
# 15 K		COUNTRY)	76. CITIZET OF	With Cool	MARRIE	D NEVER MARRIED				
thun thun	10.0	Maryland ITY OR TOWN OF DEATH	U.S.A		WIDOWE	DIVORCED OR OTHER INSTITUTION	12e USUAL OC	imore C		OF BUSINESS OR
d the			(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)			OR MOST OF WORKING		7 B03114E33 OK
201		ltimore	Berair	conv	alesar	lum	Retir	ed Ritz	Enterpri	se
4 hourst be ust be	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	NTY	13t. CITY OR	TOWN	134. INSIDE CITY LIMITS	S? 13e. STREET AD	DRESS		
AN 2		Maruland		Balti	more	YES NO		iwholas	Ave 2	21206
RYL TO SEE TO THE	14. F	THER'S NAME	WIDDLE	LAS	1	15. MOTHER'S MAIDEN		MIDDLE	LAS	it.
AM B Ign	1	Daniel		Boud		Bridget	?		?	
RE,		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
MORE e execu	(VES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-2	8-3847	Mr Alfred	L Ruan 8	508 Talw	rood Rd 2	71093
ALT te by te by the pers.	-	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse ne		9 condició		D Kgan o	300 1011		MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physicion. Wher this certificate has been signed by the ottending physicion and completely filled in the ost the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be full than and Mental Hygiene prior to buriol, cremation, or removal. Ourked or bern 18 shows any injury, or other traumatic event, the medical exemptes must be an order or bear 18 shows any injury, or other traumatic event, the medical exemptes must be an order or bear 18 shows any injury.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT A DATE OF OPERATION	CONDITIONS C	ONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE T	TR 0	ISEA OR CONDITION OF	56	
VITAL REC VITAL REC No. The low vysicion. icote has b consit perm Hygiene pr Hygiene pr	TIFIC/	. DATE OF OPERATION	178 COND	THOM FOR W	THEIT OF EXAME	TO WAS TENT ORMED			TIFYING CAUSES	
ON OF VIT. HYSICIAN: I ding physic is certificate buriot-trans. Mental Hyg Amental Hyg or Bern 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	.M. MONTH .M.	H DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATUR	E OF INJURY IN ITEM 1	8 PART I OR PART 2)	
IVISION JG PHY offendi ter this sthe bus the bus hond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, O	OFFICE FARM, ETC.)	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
or or or and or		22a.1 certify that (I) they have	tol) ottended th	he deceosed f	rom 0-20	- 14 , 19		10-83	. 19	that (1) (we) lost
TTEN Ditol TOR for 6 of H		sow the deceased while a	n the had	ofter death	.19, o	nd that in (my) (our) opin	nion death occurred o	on the date and h	our and from the	couses stated
OR A DIRECTOR A DIRECTOR OCHEG		27h SIGNATURE	10	oner deam.		DEGREE ATTENDIN	IGX_ MEDICALX_	STAFF	22.044	SIGHED 1/12
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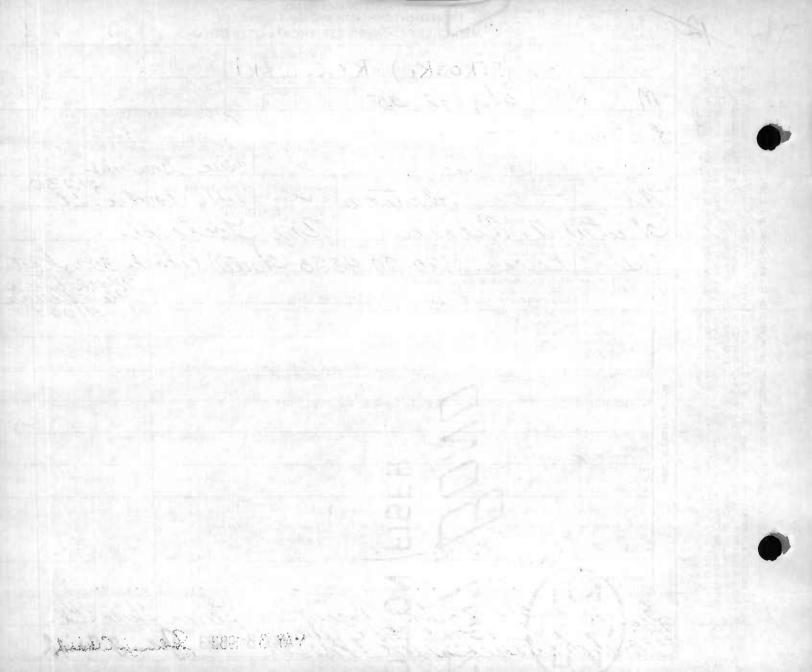
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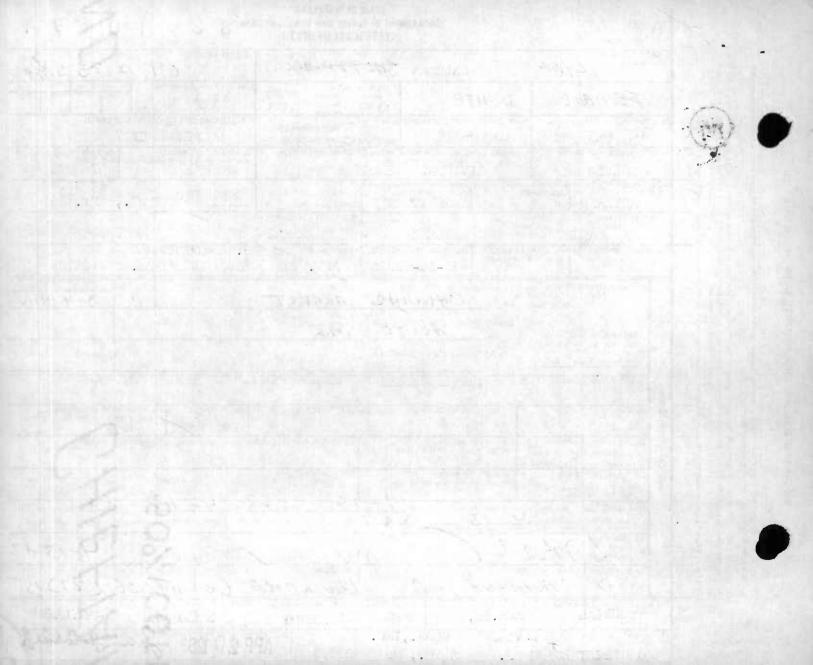
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TO MEDICAL EXAMINER: TO EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STREAM OF E. MARYLAND, 2		(TYPE OR PRINT) Ann	M. Dixon, M.D.	ADDRESS111_Per	n St., Balto.	., Md.	21201
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) MOLOUK SAKETKHOU April 21, 1983 1 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR JANUARY FEMALE WHITE 1931 52 TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED IRAN TRAN BALTIMORE CITY WIDOWED A CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE)
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130. STATE 134 CUTY OR TOWN TEHERAN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS ALLEY IRAN YES A NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME **YAHYA** FIRST MIDDLE MIDDLE SAKETKHOU MOLOUK SAKETKHOU NO OR UNKNOWN) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 9307 LINDEN AVENUE 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NONE BEHZAD B. SAKETKHOU. BETHESDA. MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D.) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION In DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIT NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21a. PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on phove. (i) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be diwith the Sta 22d. PHYSICIAN'S NAME TYP OF PRINT 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE PRINCE" GEORGE 'S MOUNT LEBANON CEMETERY ADEEPHI. BURTAL 250 DATE REC'D. BY REGISTRARY REGISTRARY SIGNARY 24 DONALDEMOR STEIN HEBREW MEMORIAL FUNERAL HOME APR 2 6 1983 DHMH - 16 50M 4/82 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)

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6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

24. FUNERAL DIRECTOL LEVINSON & BROS

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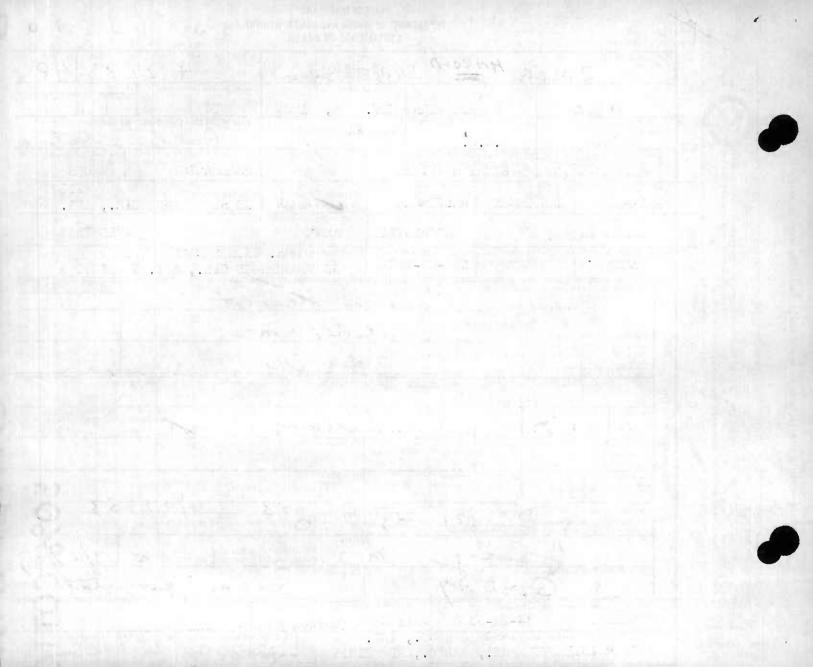
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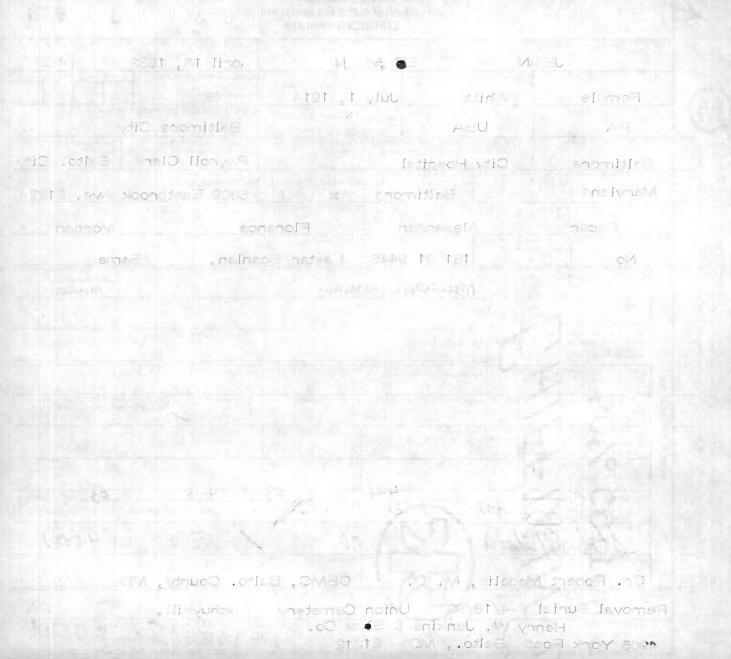
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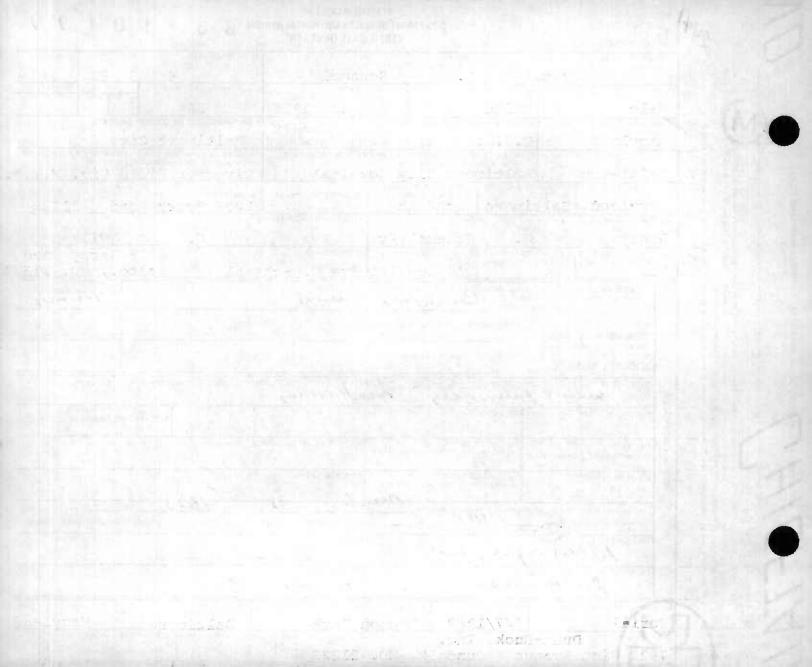


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may be page 3 er death		CEASED NAME FIRST	M	IDDLE	l.	AST		20. DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
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	3. SE	X	4. RACE		5. DATE C	F BIRTH		6. AGE (INYE	ARS LAST BIRTHDAY	r) IF U	UNDER 1 YEAR	IF UNDER 24 HRS
1	M	ale	White		9	23	1926	SEC.	56	YRS.	VIHS DAYS	HOURS MIN.
VII DI	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	HAT COUNTRY?	8.	□ NEVER M	17	9 BALTIMOR	E CITY OR CO		DEATH	
-1:00		aryland	U.S.A.		WIDOWE		ORCED	Bal.	timore	Cit	zv	MD
0/	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	R OTHER INSTI	ITUTION	12a. USUAL O	CCUPATION		12h. KIND OF	F BUSINESS OR
Por the	В	altimore	Baltim	ore Cit	y Ho	spital		Direc	ctor-F	'iel	Div	. M.V.A
E 2 27 8		AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE	ADMISSION)	13d, INSIDE CIT		13e STREET A				
Fille of D			timore	Dundal			NO TE		Berry	Roa	. h	21222
2 sty	14. F/	THER'S NAME				15. MOTHER'S	MAIDEN NAM			1100	<u>.u </u>	11222
ond ond	Н	enry	M .	Schamel	.Sr	Ev	rirst 7.a		G.		Wils	con
0 - 0 0	160 \	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMAN				000	Down	y Road
Poges Poges	Y	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	214-20-	21/5	Eva C	Sah	amol	D	21+0	perry	0.2122
they						Eva G	. SCII	amer		alto		
pop novo		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	eroino		lus	**				BETWEEN OF	NSET AND DEATH
rem		11 30 IMMED	ATE CAUSE (o)	Serence.	- Col	,	73,					Server
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nove ofio frou		Conditions, if ony, which gove rise to immediate	(b)							-		
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ple ourio y, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Then to bu	S	Secret	Pulmer		the	ufficie						
prior ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a AUTOR	SY? 20b	IF YES, W	ERE FINDING	GS USED
ows ows								YES 🗆	NO I	YES T		OF DEATH?
Hygin Hygin	8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJ	URY OCCURR		JRE OF INJURY IN I			
certificate rial-transi ental Hygi ltem 18 sh		OR CONTRIBUTING CAUSE OF	KAIH	MONTH DA	YEAR 19							
Mer Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O		19	211 LOCATION	N					
	X	WHILE NOT WHILE D	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET			CITY OR TOWN		COUNTY	STATE
TO HOSPITAL OR ATTENDING Pretoined by the hospitol or other 1 TO FUNERAL DIRECTOR. After the should be detoched for use os the with the State Dept. of Health one MAPORTANT: If them 21 is marked		22a.1 certify that (I) (this has	nital) attended the	edeceased from	Ma	ch	10 78	4- 9	18/83	10	40	
		sow the deceased alive- above, (I) (we) (did (Idid	11/0/	09	on.	d that in (my) (our) opinion o	eoth occurred	on the date of	nd hour on		hot (I) (we) lost
		obove, (I) (we) (did v(did 22h. SIGNATURE	no) view the body o	fter deoth.		DEGREE					22c. DATE S	
		Wen	Men	was		AT	TENDING _	MEDICAL _	STAFF		III. DATES	IGNED
		22d. PHYSICIAN'S NAME (TYP	1			22e. ADDRESS		DIRECTOR	PHYSICIAN			
PRT P			16) GNO			7811		AN				
Show with		7										
1		SPECIFY)				EMETERY OR CI		23d. LOCAT	ION R TOWN	cc	OUNTY	STATE
	Bı	irial	4/7/19	983 L	oudo	n Park			timor	e	Ma	aryland
- 16 50M 4/82	24. FI	INERAL DIRECTOR Duda	-Ruck,	Inc address			APH	REC'D. BY RE	GISTRAR 2517	REGISTRAR	'S SIGNATU	IRE.
(VRA 15, 4)	7	922 Wise Ave	nue Di	undalk,	MD.	21222	AFF	10 3	0.3	1000	900	work.



Svehla Edward J. Scheiner. 3109 Texas Ave. Am PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Balto., Md. Holy Redeemer Burial 4-25-83 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. BO ISTRAR'S SIGNATUR Leonard J. Ruck, Inc., 5305 Harrord Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

STATE

1. DECEASED NAME

REGISTRAR

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April 22, 1983	municaci	STEMBLE	no Progili	
	NAME OF THE PARTY OF	90.18	T bist	
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and J. Somether, 3109 Decks Ave.	ateril ceepual	-319		

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Buneau J. Buck, Inc., olice persone as.

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3 15 1383 Beng Coil		

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

ı	1-	STATE REGISTRAR		DEFARIN		ICATE OF DEAT		REG. NO	D.	U	line	U	ha
ı	1. DEC	CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH		EAR	26 HOU	JR
4		BEN:	JAmin		SC	herr			4	-	3	Bo	M
	3. SEX		4 RACE		5. DATE C		AR 6	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS	R 24 HRS
1		MALE	CAUCK	slan	5		203	79 🛣	YRS				70.00
-	Jo. BIF		76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	ED V	BALTIMORE CITY O	R COUNT	Y OF DEA	TH	-	
		MARYLAND	U.S	.A.	WIDOWE			BALTIMO	RE CI	ITY			MD.
1		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		TO USUAL OCCUPATION				FBUSIN	ESS OR
	- 3	BALTIMORE		CY HOSPIT			-	MERCHANT			RET	AIL	
-04	USU A 13a. S	AL RESIDENCE I F NURSING HOME OR		GIVE RESIDENCE BEFORE		A 121 B ICIDE CITY III	AITCO II	-					
		MD.	11	BALTIMOR		13d. INSIDE CITY LIA YES 💢 NO [30 STREET ADDRESSA 524 N	CHA	1710 RCE	25	201)	
	14. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE			LAST		
		ELIAS "		SCHER	.R	MOL	LIE				KRAI	MER	
٦	16e W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	-92.5	ADDRE	SS				4, 1
ı		YES WWII-	ARMY	218-05-7	808	SIMON SCH	ERR 6	709 GREENS	PRINC	G AVE	. 2	1209)
		18. CAUSE OF DEATH (Enter onl	y ane cause per	line for (a), (b), and	d (c).)					BET	PPROXIM	MATE INTE	RVAL DEATH
		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	UR	Emi	c Coma				~ 6	24	Low	LYS.
		5060		R AS A CONSEQUE									
١		Canditions, il any, which	((b)_	K AS A CONSEQUE	NCEOF								
		gave rise to immediate cause (a), stating the											
		underlying cause last.	DUE TO, O	r as a conseque	NCE OF								
1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CONT	DITION GI	IVEN IN PA	RI lia		
1	NO												
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE F			
	JFI.		8 11 7 7 9					YES T NOT		IFYING CA	USES	OF DEAT	
	ERI	21g. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR			RT 2]		
		OR CONTRIBUTING CAUSE OF DEA	in .	M. MONTH DA									
	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINER	21e PLACE	M. OF IN JURY	19	211 LOCATION			- 91 (4)				
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE F	ARM ETC.)	STREET		CITY OR TO	VN	COUN	ITY	3	STATE
		270 certify that (I) (this haspit	al) attended th	e deceased from	A	13 10	82	4 4	13	10 %	3 .	hot (I) (luo lest
		sow the deceased alive on.	413	19_8	53 , 0			eath accurred on the do	te and ha	. 17			-
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	034	6G	12000			ATTEN	DING	MEDICAL STAF	F	u =	3/5	23	
_		22d. PHYSICIAN'S NAME LITYPE O	R PRINT)		-	1220 ADDRESS				111	10	~	
		G	Grolea			St. Pa	2 900	st. Here	44	OSP	ital	()	
	72- 0	SURIAL, CREMATION, REMOVAL			LAME OF C	EMETERY OR CREMA		23d. LOCATION	-			-	
		SPECIFY)	4/6/8					EL ROSEDAL	F RAI	OMTT.	RE I	MARY	TANE
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		10 REISTERSTOWN	EVINSON	& BROS.	INC.				John	2	Can	ulp	
	UU	IN VETSTEVSIONN	IND . DA	THE THORE !	m rif i The	MAD CITITAL	41 44 6	- 10 /)	-	-1/	100	- 11	

DHMH - 16 50M 4/B2 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND

BP.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, th

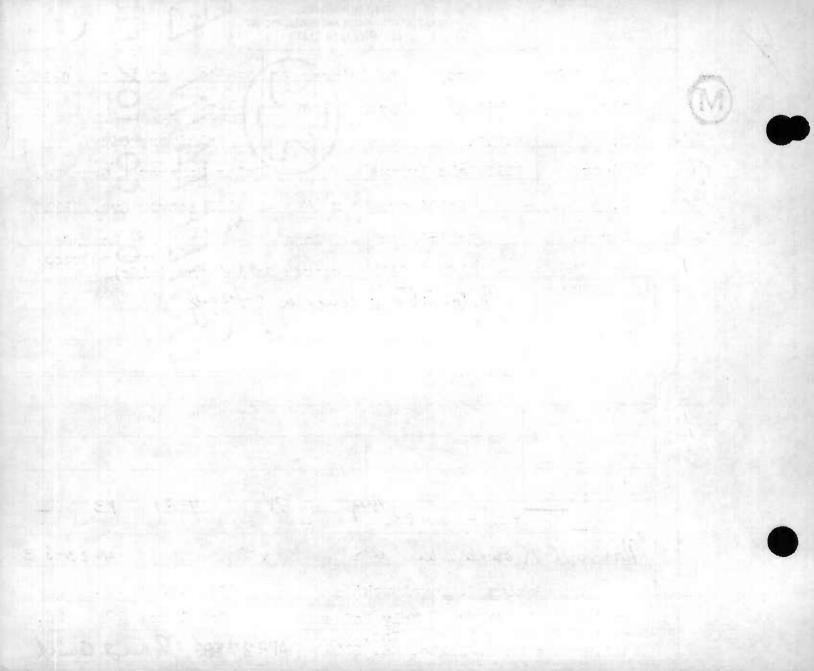
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Item 6 Film G579 5/10/83 rc

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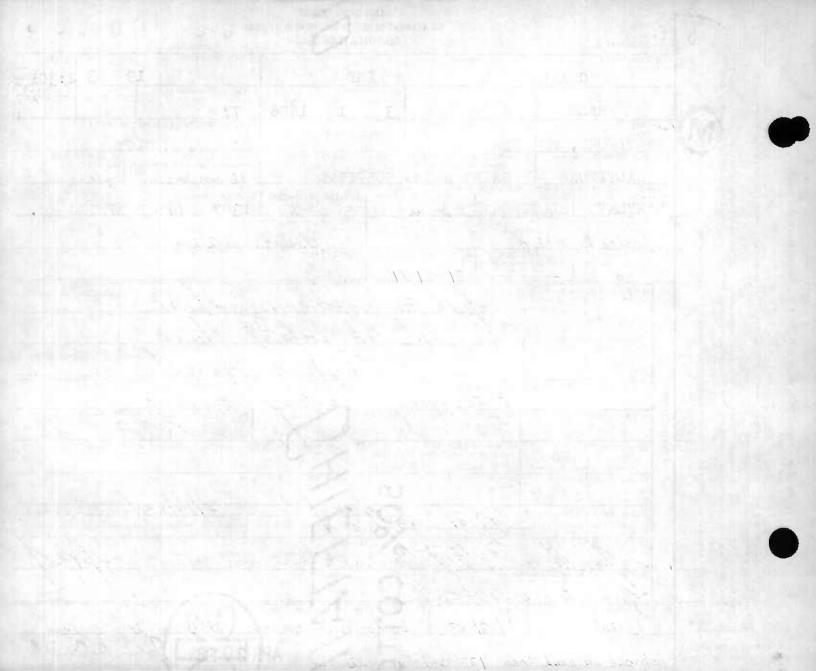
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eoth. Po	in 72 ho	35	ZOHM	RACE (STATE OR FOREIGN) RRYLAND	IGN 7b. (S.A.	RY? 8. MARRI WIDOW	ED NEVER MA	ARRIED D	BALTIMORE CITY O		OF DEATH	MD.
on s offer d	by the fulled with	73		TIMORE					OR OTHER INSTIT		120 USUAL OCCUPAT (170E OF WORK FOR MOST OF		INDUSTRY	PROTING.
ND 212	filled in hould be f	10	USUAL RE	SIDENCE (IF MURSING P	HOME OR OTHI	ER INSTITUTION	13c. CITY OR		134 INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS			205
MARYLAND ed within 24	mpletely and 2 st	00	14 FATHE	R'S NAME FIRST	MIDD	-	LAST	CHTEK	15 MOTHER'S A				LAS	
BALTIMORE,	Pages 1	1	(YES N	DECEASED EVER IN L	U.S. ARMED	FORCES?	166 SOCIALS	5 6753	WINFORMAN He. Os	car I.	Schildwa	ESS	603 3	21221 Leans Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	signed by the attending I hen please remove carbon to burial, cremation, ar ren ijury, ar ather traumatic ev		go co un	nditions, if ony, where rise to immediate to	iote the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSI	EOUENCE OF	T NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	D
AL RECOR	has been t permit. I ene prior aws any ir	1	윤	DATE OF OPERATION	ma	19b. COND	ITION FOR WH	HICH OPERATE	DN WAS PERFORM	MED .	200 AUTOPSY?		WERE FINDIN	
OF VIT	certificate rial-transi ental Hygi tem 18 sh	9	0	ACCIDENT WAS UNDERLY CONTRIBUTING CAUSI EITHER NOTIFY MEDICALES	E OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
NOISION NG PHYS	ther this cer is the burion hand Ment riked or the		W W	INJURY OCCURRED		21e. PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION	1	CITY OR TO	WN	COUNTY	STATE
9	RECTOR: All red for use opt. of Healt rem 21 is mo		220.	I certify that (I) (this saw the deceased of above, (I) (we) (did)						19 83 our) opinion de	to A A a	ote and hour	The same of the sa	that (I) (we) last causes stated
AL O	At DI letach ite De	9	22b.	SIGNATURE	2	Alv I	~	Am	DEGREE ATT	TENDING	MEDICAL STA	FF	The DATE	19/13
O HOSPIT	TO FUNERA Should be do with the State		22d.	PHYSICIAN'S NAME	TYPE OR PRI	o DM	A	an	22e ADDRESS				2 /3	
	P———		(SPECI	SURIAL		36 DATE 4-20			CEMETERY OR CR		23d LOCATION	To.)	LOUNTY -	STATE
	- 16 50M 4/B2	-	FUNER	AL DIRECTOR	0 -	1321	J ADDR	NS .	10		REC'D. BY REGISTRAR	7 am	ARS SIGNAL	hield

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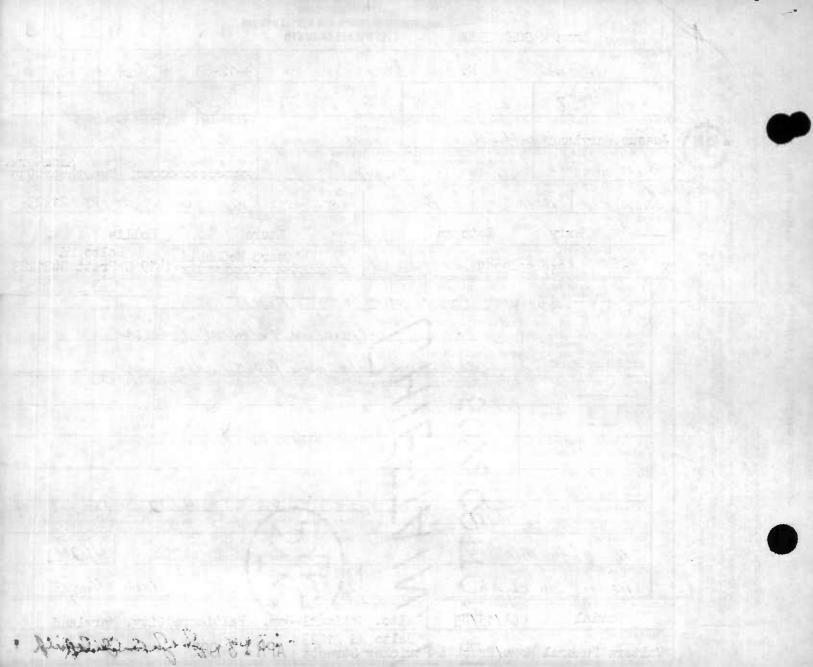
-	-			STATE OF MARTLAND		
8	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 3	0 2 0 6
200		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(I TPE	CHARLE	S L	SCHIMP	4 1	9 83 2:30PA
	3. S.E.	Annual Control of the	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-	V	MALE	White	3 /18 1906	77 YRS.	MONTHS DAYS HOURS MIN.
队用是	39.30	HPLACE (STATE OF FOREIGN)	b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	Y OF DEATH
14.5		ALTIMORE. MD	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CI	TY MI
2.10			11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
70		BALTIMORE	SAINT AGNES	S HOSPITAL	Linework for most of working L	Glass
3/7 8	-USU	AL RESIDENCE (IF NURSING HOME OR COTATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e. STREET ADDRESS	2122
1		I.V	IMORE Arbutus		1307 SULPHUR	SPRING RD.
1ª no	_	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
1200	1	harles L. Schin	NIDDLE LAST	Elizabet	L Musoillan	LAST
S /		VAS DECEASED EVER IN U.S. ARM			ADDRESS	
Medico		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 219-01-	7165		
£			y ane cause per ling or to to the	nd resi	, /	BETWEEN ONSET AND DEATH
event, t		PART I. DE ATH WAS CAUSED	BY:	www.coxhala	ulaxton	- HANDELS CONTROL OF THE PARTY
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troumotic		Conditions, if any, which	(in Alak	lat locati	I Maso	
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENIZEDE DE LA L	11/1	
ather		underlying cause last.	DOE TO, OR AS A CONSEQU	Cestal	Argost.	
y, or		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AMAL DISEASE OR CONDITION GE	VEN IN PART Tra
10	NO NO		(orome	on axterio	ohmee!	
10	CATION	19a DATE OF OPERATION		OFERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1	CERTIF		/			ES NO
000	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
17	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
6	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
the second	3	WHILE NOT WHILE AT WORK	THE STREET, PACTORY, OFFICE.	1///	11.1	1
E		22a.1 certify that (1) (this haspite	al) attended the deceased from	19/14/50/ 19	, to	19, that (I) (we) last
5		saw the deceased alive on a	view the bady offer death.	and that in (my) (our) opinian	death accurred on the date and ho	ur and fram the causes stated
1		276 SIGNATURE //	dy 14 61	DEGREE		221. DATE SIGNED
T, E)		Amiller	e-tall/1860	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/19/23/
ORTANT		THE PHYSICIAN'S NAME ITTHE OR	WINT	274. ADDRESS		1/1/
# 8 /		HAVE TOTT	ERPHRIER			/ /
3		SURIAL CREMATION, REMOVAL	IIIh. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
		burial	4/22/ 83	Loudon Park Cemete	era Baltimore (i	tu Manuland
A 4/82	24. FI	UNERAL DIRECTOR	1 1 2 2 1	25a. DA1	TE REC'D. BY REGISTRAR 154 156	TRAR'S SIGNATURE
1)	1	shows Funancil t	ADDRESS	4. S AF	PR 20 1983	we want

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

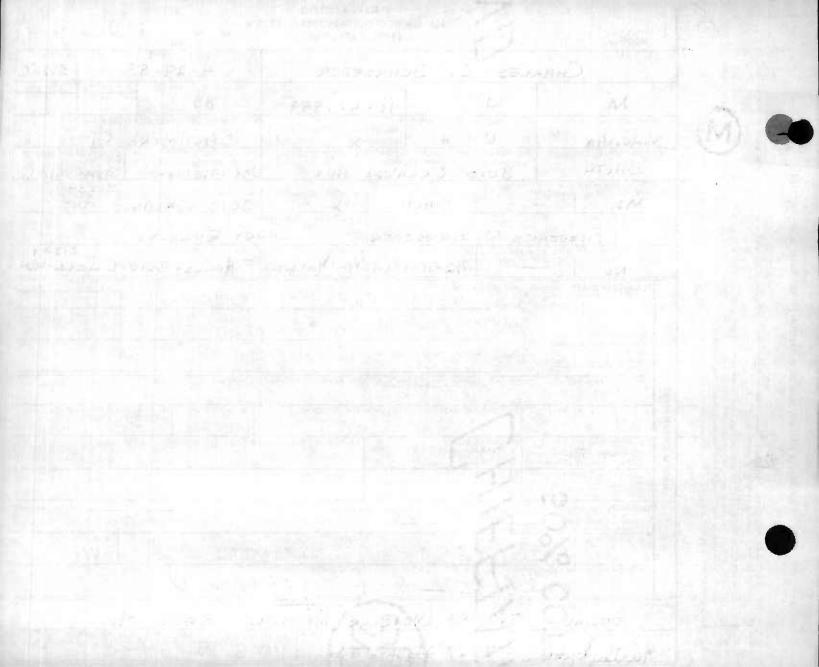


18	1 -	STATE REGISTRAR	DEPARTN		ICATE OF DEATH	REG. NO.	10201
oge 3		CEASED NAME FIRST AMELIA	Hirschhorn	Sch	neider	20. DATE OF DEATH MONTH	30 83 7:10 Am
4 may	3. SE.	FEMALE	1. RACE Caucasian	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
EVI 97			76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
ofter d	10 C	TY OR TOWN OF DEATH Ballmyse	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126. KIND OF BUSINESS OR
nin 24 hours hy filled in b should be fil	USU. 13a.	The second secon	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	94949
mpletely from and 2 sho	RE. FA	ATHER'S NAME	widd Kornfeld	ı	15. MOTHER'S MAIDEN NAME OF THE PROPERTY BELL	ME	Rosehwasser
salimoke, martiano 2120 cate be executed within 24 hours of special and completely filled in by opers. Pages I and 2 should be file wal. 11, the medical examinar must be not the file of		VAS DECEASED EVER IN U.S. AR			ISADORE S. H		GREENWOOD AVE. PRANGE, N.J. 07052
· E - C - S			DUE TO OBAS A CONSSOUR	NCE OF	vehal infarction	n - Ischemic	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
DIVISION OF VITAL RECURDS, 201 W. PRESTON ST. ING PHYSICIAN: The law requires that the death certificate the strain of the properties of the strain of the properties of the buried-training permit. Then please remove corbon the and Mental Hagane price to build, crematian, at remorked or term 18 shows any mury, or other traumatic evidence or term 18 shows any mury, or other traumatic evidence.		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE				
requires Then por to but	NOIL		ONDITIONS CONTRIBUTING TO D				GIVEN IN PART 1(a
The law gion.	CERTIFICATION	190. DATE OF OPERATION		OPERATIO		YES NO NO IN CE	PRTIFYING CAUSES OF DEATH? YES NO NO
NOF VII A	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M., MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	VIB PART I OR PART 2)
UG PHY offending	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIII spital or CTOR A Hormon	va.	sow the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased from		nd that in (my) (our) apinion	, 10	hour and from the causes stated
SPITAL OR A Spital OR A NERAL DIRE Speedence State Delight		Fron Stra	uu4		D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/30/83
오늘 프로 중		Legh Stv	RPRINT)		Sivai Hospit	al, Baltimore	, Md.
BP_BP_	1	BURIAL, CREMATION, REMOVAL SURIAL/ REMOVAL	5/2/83 M		EMETERY OF CREMATORY BANON CEM	ISECTAN N.J.	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	NOTE THE STORY	BROS. BALTIMORE	, MD.		Y 4 1983	GISTRAR'S SIGNATURE

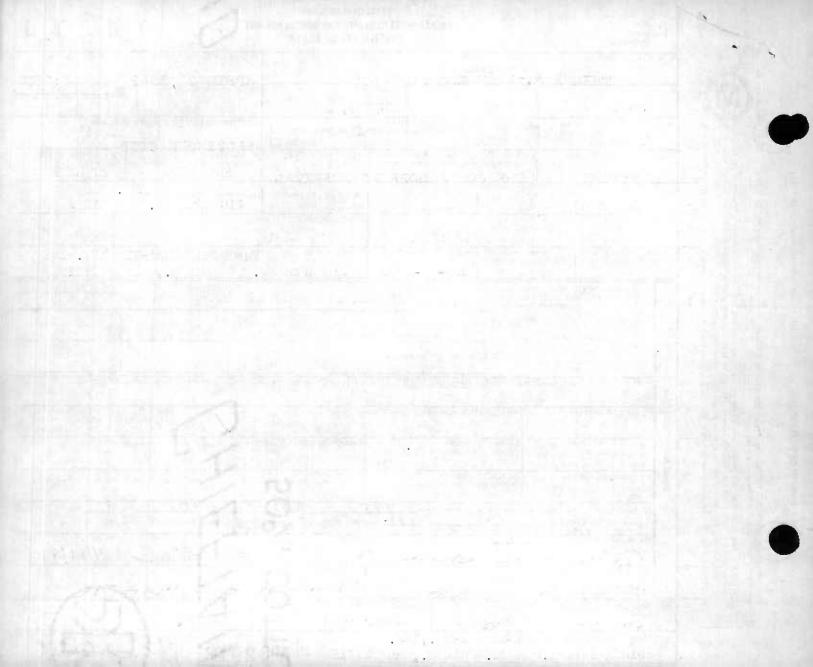
5- 67 -12 THE RESERVE TO SERVE THE PARTY OF THE PARTY The state of the s The state of the s



(VRA 15, 4)



A	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	REG. NO.	10210
P P P		CEASED NAME FIRST E OR PRINT)	FINEBERG RXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		T.Z.	APRTI. 21 19	DAY YEAR 26 HOUR 83 4.25 DM
e 4 m	3. SE		4. RACE WHITE	5. DATE		6. AGE (IN YEARS LAST BIR HIDAY) 78	MONTHS DAYS HOURS MIN.
orth. Pog	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY USA	7 8	DXX NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
ofter de la	5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	T ADORESS)	OR OTHER INSTITUTION	BALTIMORE C 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY AT HOME
rithin 24 hours	USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	THE JOHNS H LOTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13(, CITY OR TO BALTIN	RE ADMISSION)	S HOSPITAL. 13d. INSIDE CITY LIMITS? YESXXXX NO		APT. 208
Para Sala	14. F.	ATHER'S NAME FIRST SAMUEL	MIDDLE FINEBEL	RG	15. MOTHER'S MAIDEN NA	ME	DUNN
be executed on and comp s. Pages 1 ag		WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 096-34		17. INFORMANT 110 39th ST	THEODORÉ SEMWA F. BALTO.,	MD 21219
hat the death certificate be by the attending physician use remove carbanpapers. I, cremation, ar remaval. ather troumatic event; the		1991 IMMEDIAT	lly ane cause per line far (a), (b), o D BY: IE CAUSE (a) Respirat DUE TO, OR AS A CONSEQ!	JENCE OF	urrest when a Continance		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the n signed by the Then please rem in to burial, crema injury, ar ather th	z	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION	GIVEN IN PART 110
y prig be	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ding physicion. Is certificate has burial-transit per Mental Hygiene		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DING PHYSIC or attending After this cert is as the burial alth and Ment morked or Hell	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pital TOR for us of He		saw the deceased alive an obove, (I) (we) (did) (did na	tal) attended the deceased from 4/2/ 19_11) view the bady after death.	83,0		death occurred an the date and	hour ond from the causes stated
HOSPITAL OR A ined by the hos FUNERAL DIREC old be detached or the State Dept.		226. SIGNATURE	To Shirt	ا ب	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4/21/83
TO HOSPITAL Cetoined by the TO FUNERAL D Should be detacted with the State D MADORIANT: If	22	ARTHUR M	. FELDMAN	NAME OF A	JOHNS Y	EPECINS HO	PATIGO
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY)	4/34/83	LOUDO	EMETERY OR CREMATORY N PARK	BALTIMORE	MARY LAND
DHMH - 16 50M 4/82 (VRA 15, 4)		6010 REISTERST	VINSON & BROS OWN RD! AtDALTO.	, MD	21215 APF	29 1983	and Coming



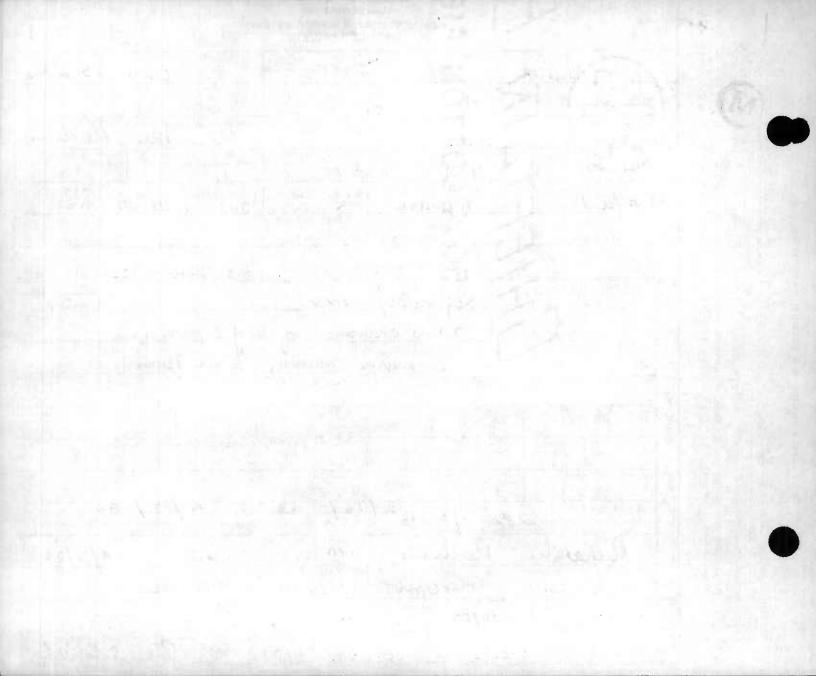
FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 3 REG. NO. 021

		REGISTRAR		CENTI	ICAIL OI DE	AIII	REG. N	0.		
	1. DE	CEASED NAME FIRST	WIDDLE		AST		20. DATE OF DEATH	MONTH DAY		2b HOUR
		Augus			SCOTT			040	3 83	230Am
	3 SE	×	4 RACE	5. DATE (YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
	70 R	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	TO TOWN	1 01	22	61	YRS.		
72	1	country		MARRIE	D X NEVER MA		BAMALEMAE	FCONT. TO	DEATH .	diane
1		ITY OR TOWN OF DEATH	U.S.A.	NURSING HOME C		ORCED []	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
2		BALTIMORE	(IF NOT IN SUCH FACILITY, G	ye STREET ADDRESS)	SPITAL		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	
_	136.	AL RESIDENCE (IF NURSING HOME OR			13d INSIDE CIT	Y HANTS?	13e. SJREET ADDRESS	<i>a</i>	, 2	1207
2		Takyland	Balt	inpre	YES 🔊 N	10 🗆	5113 R	eller	le Ar	re
12	114 FA			AST	15. MOTHER'S A	MAIDEN NAM RST	MIDDLE		LAST	
U	14 - 1	George		wkins		ble	4000		Henn	son
	- 1		E WAR OR DATES)	18 - 0584	17 INFORMAN		ADDRI	ESS		
		YES	814	0.00	Joseph	n C.	Scott 511	3 Bel	levil	
	17	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY.	A 1	ament					MATE INTERVAL
		11.3 G IMMEDIAT	E CAUSE (a)	watery	wrear				In	nler
	0.1	Conditions if any which		NSEQUENCE OF	N Com O	2 1	lung & Neu	ml one		
		Conditions, if ony, which gove rise to immediate	(b) CCO		niemią.	9	my e pin	of this	en	
		cause (o), stating the underlying cause lost	DUE TO, OR AS A COL	NSEQUENCE OF	de mei	Castadie	& bone	1 brown		
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION	11.000	NOT RELATED TO	O THE TERMI		DITION GIVEN	IN PART 1:0	
	NO.				TOT REPORT	0 1112 12101111	THE DISEASE ON COIL	DITION GIVEN	IN FART TO	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
7	RTIF						YES NO	YES [NO [
0		210 ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR	21c HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	Ŋ.	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
	MEDICAL	21d INJURY OCCURRED	2 1e. PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM, ETC.)	211 LOCATION	1	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK						1 - 1		
		226 I certify that (1) (this hospit saw the deceased alive an	2 3 hum 4 3		16/	19.83		/ 3/19.	83.	hat (I) (we) last
		above, (i) (we) (aid) (aid nat	t view the bady after death), d/		ur) opinion d	eath accurred on the d	ate and hour ar		
		22b. SIGNATURE	· Ward	01	DEGREE ATT	TENDING	MEDICAL . STA	FF	22c DATES	IGNED
-		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	any	PH	YSICIAN	DIRECTOR PHYSIC	IAN 🗌	14/3	183
4	-	MEENAKSH		CHANT	22e ADDRESS	CAI	HOSPI	TAI		1
	220 0	BURIAL, CREMATION, REMOVAL		7.1		NAI	····	///		
	230 0	SPEC BURIAL	4/8/83		eteran		Crownsv		OUNTY	STATE
		UNERAL DIRECTOR				25a. DATE				DRE COMME
	Wn	n C March F/H	Inc.1101	E North	Ave	ADD	1 1023	Sec.	2. Cal	will
						THEU	- JUU	THE VIEW	CF	H.V

DHMH - 16 50M 1/B1 (VRA 15, 4)



1	STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	GIENE 8 3	0 2 1 2
	DECEASED NAME FIRST PREST OF G	AR SCOT	LAST	20. DATE OF DEATH MONTH	16-83 26. HOUR 450
	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 7 3 YRS	MONTHS DAYS HOURS MIN
99	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH
90	BALT.	LOGE WID	MH	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	State
ad blood 13	DUAL RESIDENCE (IF NURSING HOME O 1. STATE 13b COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	YES NO [Auditor 13. STREET ADDRESS BER	2 KM ND .21234
ond 2 supplies	FATHER'S NAME FIRST Charles	MIDDLE LAST SCOTT		WIDDIE	Pohlman
Poges	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	1.445	a Scott (Same as	: #13.)
novol.	PART I. DEATH WAS CAUSE		lich en	-T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the offending ass remove corbot I, cremotion, or ret other traumotic e	Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	pepna d	el dialia	luck
cote has been signed I onsit permit. Then plead I dygiene prior to buriol I shows any injury, or permit A TOM	4	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTION TO CAUSE OF OF		Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)
ked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use or of Health 21 is mor	220.1 certify that (I) (this hasp	ital) attended the deceased from 19	, and that ir (my)(our) opinion	to	, 19 that (II) (we) for our and from the causes stated
detoched ote Dept. Tr. If Item	226. SIGNATURE	means w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
should be detach with the Stote De IMPORTANT: IF IN	22d PHYSICIAN'S NAME CITY	Sorcheme	22. ADDRESS	SVIDEMCE RO	, Towsord
23	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
50M 4/B2 5, 4)	FUNERAL DIRECTOR NAME Anatomy Bo	oard ADDRESS		TE REC'D. BY REGISTRAR 251-REG	STRAR'S SIGNATURE

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						STAT	E OF MARYLAND		
		3	1.	FOR STATE	DE		EALTH AND MENTAL HY	SIENE 8 3	0213
		2		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	9 44
	(ma)	1		CEASED NAME FIRST	MIDDLE	0-	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	C Phate	L. A.C.		HAYWA	KD	20	0.11	04-	15-83 55°AM
	1	4	3 SE	14 4	4 RACE	S. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	- A - D - D - D - D - D - D - D - D - D	28		MALE	ISLAC	8	-31-21	61 YRS.	
	2 4 2	2	C	DUNTRY)	76. CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
	dear dear	300	No	rtolk, VA	U.S.A.	WIDOWE			NORE MD.
	1 1	310		TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	LIFE) INDUSTRY
201	the the	227		Baltimore	Provident H			Security Guard	1
21	of page	DE	13a S	AL RESIDENCE (IF NURSING HOME OR FATE 136 COUN	TY A LIBE CITY C	DRIOWN	134. INSIDE CITY LIMITS	THE STREET ANDRESS	01017
AN	2 T	(0)	M		Balti	more	YES NO I	2848 Lakeview	4 4 1
RYL	4 25	200	14 FA	THER'S NAME	AIDDLE LA	AST	15 MOTHER'S MAIDEN NA	WE	LAST
×	1 62	100	1	Unknown			unkno		
ORE	P 0	97	16a V	VAS DECEASED EVER IN U.S. ARVES NO OR UNKNOWN) HIS YES. GIVE 1943-	WAR OR DATES	8 st2489040	17 INFORMANT	ADDRESS	usew.
N.	The pe	1		res 1943-	1945 K27-2	2-9910	Jacquelyn E.	Scott 2848 Lake	
BAL	corte opper	#		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one cause per line for (a),	(b), and (c)		CALLURG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	400				E CAUSE (a)	RIMORCE	SPIRATORI	1 HAICURE	
O	+ 50	promotic		7700	DUE TO, OR AS A CON	NSEQUENCE OF		. Ou	
REST	deo	or or		Canditions, if any, which	(b) CHRO	Tric 6		IE PULMOTAR	f
W. PRESTON ST	the the	other 1		couse (a), stating the underlying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF	DISEAS	E	
201 \	thot d by leose	or of			(c)				
	puires signe	njury,	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
DIVISION OF VITAL RECORES	ree . ⊤	0 2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
REC	0 Sec	ws ac	IFIC,	THE DATE OF CLERATION	The CONDITIONATION	WHICH OF EXAMO	TO WASTERIORMED	IN CERT	IFYING CAUSES OF DEATH?
ITAL	Sit e	sho	ERT	710. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	-	21¢ HOW INJURY OCCUR	YES NO NO NEED TENTER NATURE OF INJURY IN ITEM IS	YES NO NO NO NATIONAL PART 1 OR PART 2)
) F <		18 J		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON				
N	ding ding s cer	or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION		
/ISIG			ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
5	P Afte	marked	83	220.1 certify that (I) (this haspit	al) attended the deceased	from APRI	L 41H 10 X	5 to APPRIL IC	19 , that (I) (we) lost
	P O P S	21 is		sow the deceased alive on.	4771 JUH	19 23 0		death occurred an the date and ho	
1	OR AT the hosp DIREC	frem i		abave, (1) (we) (did) (did not 22b. SIGNATURE) view the body after death		DEGREE		22c. DATE SIGNED
		9 =		X	Man	on	ATTENDING PHYSICIAN	MEDICAL STAFF	4/10/07
		ANT		224 PHYSICIAN'S NAME ITYPE OF	PRINT		220. ADDRESS		1 /3 /3-
		MPORTAN		BED MA	GACES-LAC	कार क्षेत्र के	PILO	VIDED THO	SPITAL BALT
	0 o o o o o o o o o o o o o o o o o o o	W	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	ATU TO THE RESERVE
	BP		1	Burial Burial	4/19/83		11e Vet. Cem.	Crownsville	Maryland State
	DHMH - 16 50M 7	7/77	24. FI	INERAL DIRECTOR		RESS	25a. DA1	E REC'D. BY REGISTRAR 256 AT GIS	STRAR'S SIGNATURE
	(VR A 15 (4))		Wm	C. Brown Comm.	F/H 1206-0		h Ave. AP	R 1 8 198?	my lawely
			_		. /	0 1101			

ind of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 7b. HOUR (TYPE OR PRINT) Mildred I. April 28, 1983 Scott 7:47a 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MRS 5. DATE OF BIRTH IF UNDER 1 YEAR YEAR White 5- 2-05 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | USA Baltimore Citu WIDOWED DIVORCED T 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170. USUAL OCCUPATION Maryland General Hospital homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STREET ADDRESS Baltimore 13d. INSIDE CITY LIMITS? 4030 Ridgecroft Rd. 21206 YES SE NO [15. MOTHER'S MAIDEN NAME Colley Margaret Godman ADDRESS 23 Landbeck Rd. 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT I LIF YES GIVE WAR OR DATEST 216-36-3605 Olivia Barnhill Balto., Md. 2120' APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Sepsis DUE TO OR AS A CONSEQUENCE OF Severe Peripheral vascular disease DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Gangrene of the LEFT LEG NOXX NO [716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 211 LOCATION 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 22a.1 certify that (K(this haspital) attended the deceased from APTII 20 83 April April 28 83 sow the deceased alive an APTIL 28 abave, (Miwe) (did) (MIXX) view the bady after death and that in Day) (our) apinion death accurred on the date and hour and from the causes stated 271 DATE SIGNED DEGREE ATTENDING MEDICAL 2/28/83 PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/B2

(VRA 15, 4)

24 FUNERAL DIRECTOR Lassahn Funeral Home Balto. Md. 21236

4-30-83

c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Stone Chapel Cem.

MAY 3

73d LOCATION

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

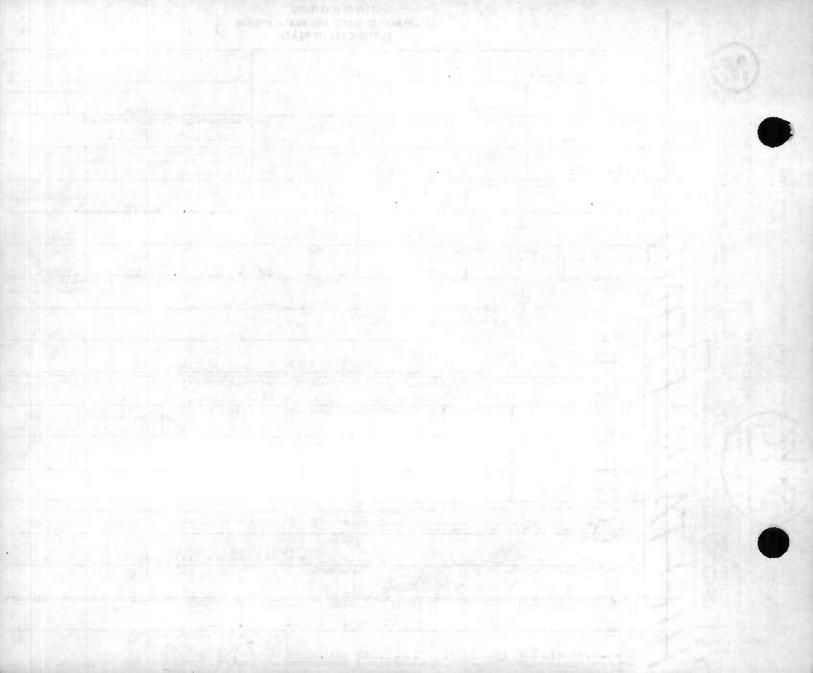
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Chatman-Harris

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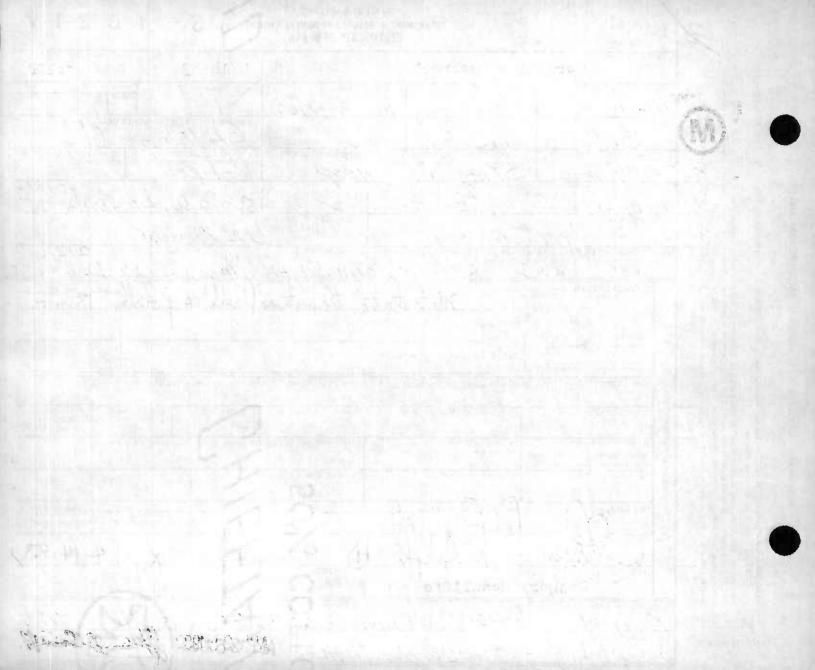
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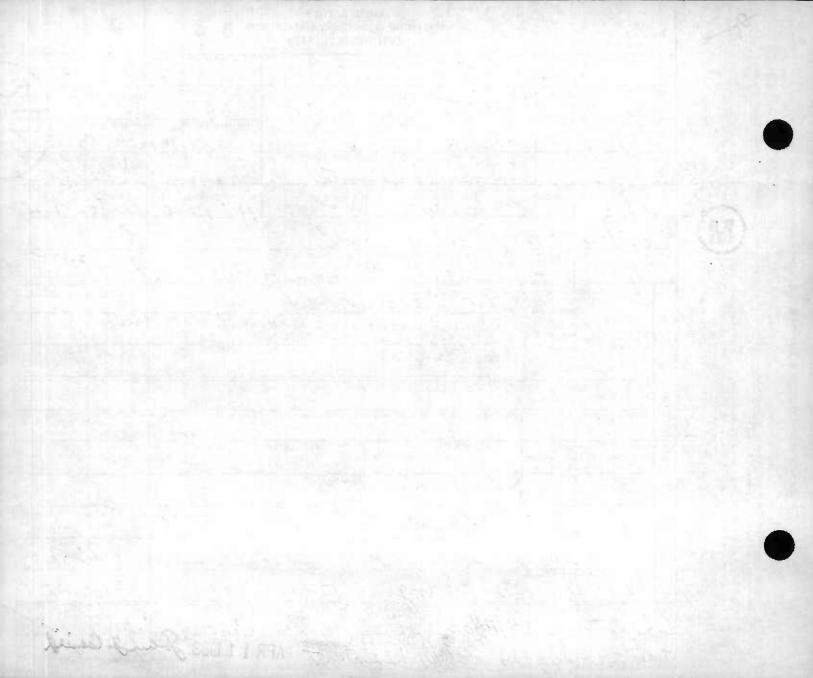
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3	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AI	ND MENTAL HYGII	INE 8 3	0	2 1 7
noy be poge 3		CEASED NAME FIRST CORNE	lius Seabrook	LAST		20. DATE OF DEATH 4/14/83	MONTH DAY	YEAR 26. HOUR 8:10P M
7 30 5	1.SE	na le	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS
My rect of the control of the contro	129	RIMPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEV	ER MARRIED	BALTIMORE CITY C		CITES MD.
rs offer d	10. C	SALLIMOYE	11. NAME OF HOSPITAL, NURSI (IF NOTINGUE) FACILITY, GIVE STREE		INSTITUTION	RETIRE		SIND OF BUSINESS OR
AND 212		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		VN 134. INSIC	DE CITY LIMITS?	3 STREET ADDRESS	, LANG	UALE ST
tompletely and 2 sh	I)E.F.	ATHER'S NAME FIRST	model nous	15. MOTH	ER'S MAIDEN NAM	IN PSODIE	upl	LAST
MORE, or execut nond co		VAS DECEASED EVER IN U.S. AR. (15, YES. NO OR UNKNOWN) (15, YES. GIV	MED FORCES? 166 SOCIAL SEC	7-4/33 /nr	ELAR	G/ASCA S	23/2W	21216 Lanuale 5.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physicion. When this certificate has been signed by the oftending physicion and completely filled in By as the buriol-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removal. Orked or them 18 shows any injury, or other traumotic event, the medical examiner maybe not a strong or the medical examiner may be a strong to the strong process.		Conditions, if ony, which gove rise to immediate to immediate couse (o), stating the underlying couse lost.	DBY: E CAUSE (o) DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL 1c)	JENCE OF	arsitiona	Cell CA	f Palls	IPPROXIMATE INTERVAL WEEN ONSET AND DEATH S ME
L RECORDS, 2 The low requires on the bear signs permit. Then permit, Then permit obey the permit permit	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	196. CONDITION FOR WHICH	M. March		200 AUTOPSY?	20b. IF YES, WERE I	District Co.
SION OF VITAL R. PHYSICIAN: The Is anding physicion. The Is certificote has the buriol-transit per buriol-transit per did Mental Hygiene d or them 18 shows.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	TH HOUR A.M. MONTH D	DAY YEAR 19 21f. LOC	ATION	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORP.	ART 2)
3 0 8 0 5	W	WHILE NOT WHILE THE AT WORK AT WORK AT WORK THE AT WOR	(AT HOME, STREET, FACTORY, OFFICE,	-		CITY OR TO		, that (I) (we) last
TO HOSPITAL OR ATTEN retoined by the hospitol TO FUNERAL DIRECTOR should be detoched for u with the Store Dept. of Humorant: if them 21 is	100	22 SIGNATURE LIQUE	ry McAuliffe	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF 2 22c.	DATE SIGNED 4.14.83
8P	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23-83 (2)	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	151, 4 county	Grid
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME OSEPH L, RU	55 2200 200 S	North	We. 250. DATE	R 2 5 1983	25b. FEGISTRAR'S SI	J. Court



(VRA 15, 4)

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Just South Wood atthe	×	the law wat have	Total and Samuel 18
and the contract of the contra	una	MADE C	All tolers
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SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD

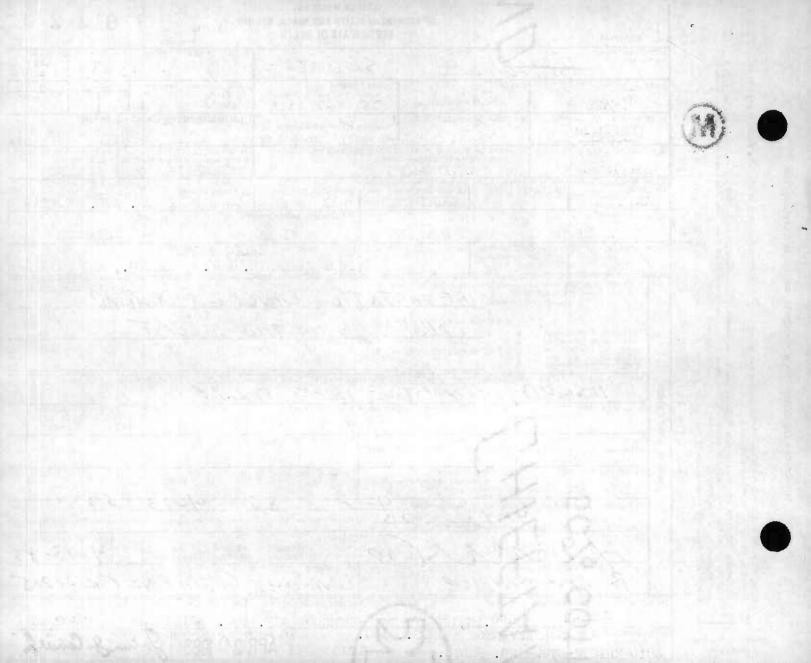
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24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

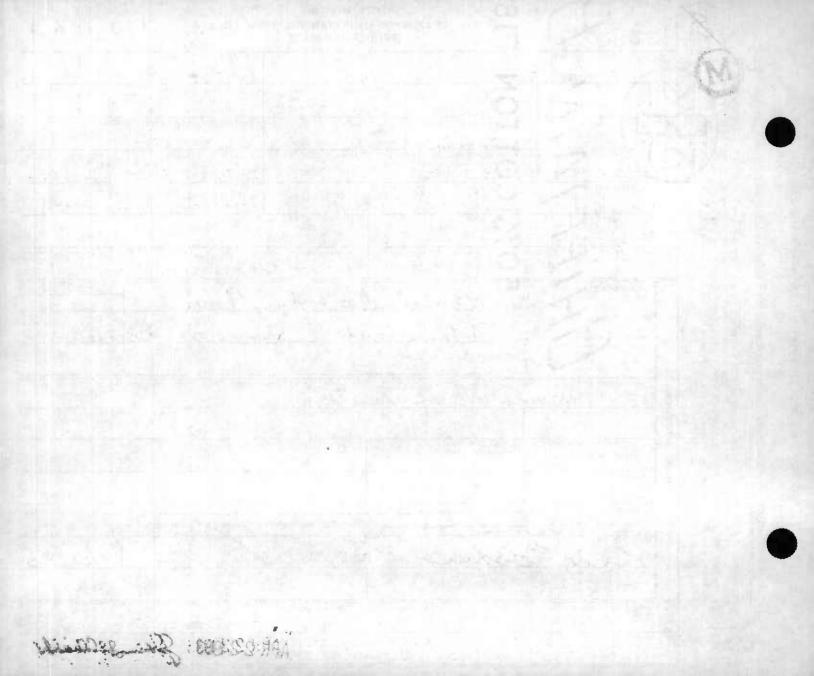
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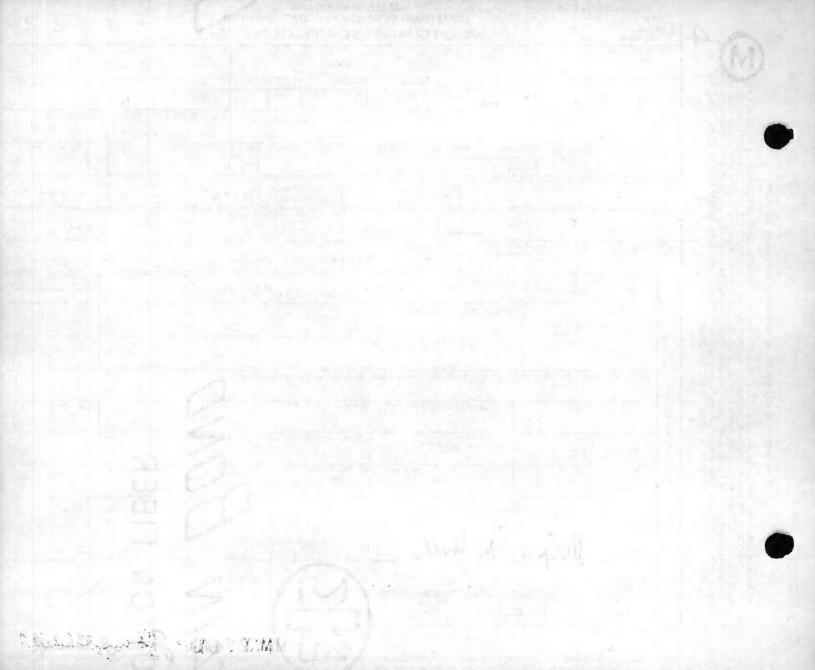
REGIST	RAR			CERTIF	ICATE OF DEATH	REG. N	VO		
1. DECEASED N	NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TIPE ORPRINT)	Lawrence	Henry		Se	ner	April 21.	1983		^
3. SEX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BE	RIHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male		Cau	casian		ober 7, 1893	89	YRS	(HS DAYS	HOURS MIN.
POT BIRTHPLAC	E (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Mary	40.00		S. A.	WIDOWE	DIVORCED	Baltimore	2 City		MC
Baltin	own of DEATH	Sinai	Hospital	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Fraight C	OF WORKING LIFE)	INDUSTRY	& O.
Mary i	NCE (IF NURSING HOME) 13b CC		130 CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2501 Whit	neu Aven	ue 21	215
Henry	Alex	cander	Sener		15 MOTHER'S MAIDEN NA Margaret	WE		Allen	T 2
160 WAS DECE TYPES, NO OR IL	ASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES! W. 1	705-09-1		17 INFORMANT Miss Mary Ol	ADDR ivia Sener	ESS 2501 Baltimo	re, M	ney Avent laryland
PART 2	4.4	T CONDITIONS CO	ul i	DEATH BUT	NOT REPATED TO THE TERM	200 AUTOPSY?	NDITION GIVEN I	ERE FINDIN	GS USED
21a, ACC	DENT WAS UNDERLYING	21b. TIME O	OF INJURY		21c HOW INJURY OCCUR	YES NO X	YES T	OP PART 2)	NO 🗌
OR CONTI	RIBUTING CAUSE OF R NOTIFY MEDICAL EXAMI URY OCCURRED	NER) P.		19	211 LOCATION			136	- 17.5
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME STR	REET, FACTORY, OFFICE, FA	ARM ETC	STREET	CITY OR TO)WN	COUNTY	STATE
sow obo	tify that (1) (this ha the deceased alive ve, (1) (we) (did) (did	on	19	, or	, 19 nd that in (my) (our) apinion	, to death occurred on the o	dote and hour and	d from the c	
22b. SiGi	nic	JUS1	her			MEDICAL STA		22c. DATE/	2/83
27d. PHY	SICIAN'S NAME (IVE Eric Fi				22e. ADDRESS				
(SPECIFY)	REMATION, REMOV Burial	April	25.1983	Lorra	emetery or crematory ine Park	23d LOCATION CITY OF TOWN Wood Lawn	Baltimo		ryland
8728 I	iberty Ro	ng Byers Dad Randa	Funeral D llstown,	irect Maryl	ors, Inc. 250 API	R 2 2 983	SECSISTRAR'	gia	IRE WILL

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate



1. DF	STATE REGISTRAR ECEASED NAME FIRST	MEDIC	AL EXAMINER'S C	CERTIFICATE OF	REG. NO.	ONTH DAY YEAR 25 HO
	PE OR PRINT)	MOND		ESSOMS	OF ESTI.	1-27-83,
3. 5E		MOND 5. DATE OF BIRTH 2 MONTH DAD 4	6 AGE (IN YEARS IF UN	IDER 1 YR. IF UNDER 24	HRS. 2c. DATE MC	ONTH DAY YEAR 24 HO
	ale Black	9 12 12	2 70 YRS.	HS DAYS HOURS N	PRONOUNCED DEAD	1-29-8319
0 P	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT C	COUNTRY? 8. MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
	N.C.	USA	WIDOW	ED DIVORCED	□ Baltimore C	
. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,	L, NURSING HOME, OR OTH	ER INSTITUTION	TO USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE)	WORK 126. KIND OF BUSINESS OR INDUSTRY
	ACRESIDENCE (IF IN NURSING HOME	818 Newing	ton Avenue			
5	TATE Md. 13b. COUL	NTY 13c	city or town Balto.	13d INSIDE CITY LIMITS? 13	street address 1853 Lorman S	St. 21217
	ATHER'S NAME Arthur	MIDDLE	LAST Sessoms	15. MOTHER'S MAIDEN Lizzie		Short
G. \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Ĺ	No		718-12-3032	Thelma Se	ssoms 1853 I	Lorman St.
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane couse per line far (c	o), (b), and (c).) osclerotic ca	rdiovascula	r disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		ATE CAUSE (o)		11 010 03 00 10	1 4150450	
	Conditions, if ony, which		CONSEQUENCE OF			
	gave rise to immediate couse (a) stating the under	e (b)	CONSEQUENCE OF			
	lying couse last.	(6)	CONSEQUENCE OF			
_	PART 2 DTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	E DR CONDITION GIVEN IN PART 1	(0)	
TION	19g, DATE OF OPERATION	111 (201)	COR MUNICUL COREDATION IN	A DEDECTION AND TO		
FICA	176. DATE OF OPERATION	148. CONDITION	FOR WHICH OPERATION W	AS FERFURMED!		20 AUTOPSY?
CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJU		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART	YES NOX
	UNDERLYING OR		ONTH DAY YEAR			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	JURY (AT HOME, 211 LO	CATION		
X	WHILE DOT WHILE	STREET, FACTORY, F	ARM, ETC.) S	TREET	CITY OR TOWN	COUNTY STAT
	220. I certify that I took char	rae of the remains describe	d obove, held on Autop	sy , Inspection	X. Inquiry , and in	my opinion
		F/Sk	dent . Suicide .		Undetermined monner ,	/
	MA.	- 1\lambda . 1/	//	TITLE (SPECIFY)		
	SIGNATURE WOW	to uneyo	W	D. Assistant	_MEDICAL EXAMINER	DATE 4-29-83
4			orall M.D	111 Por	n Street	
	TEXAMINER'S NAME AA	rgarita A. Ko		ADDRESS		
					AAT TAAT END.	
	(Type or print) Ma Burial, cremation, removal (Specify) Burial		23c NAME OF CEMETERY O Cedar Hill	Cem -	Z3d TOCATION Anné Arunde	1 CO., Marie



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Many of Dimercia Laces, Line, 1979, 1975 the Arc. | 1977 19 1980

8	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	102	2 4
: M		CEASED NAME FIRST RED NETT	ie A. Sha	adburn	A51	20. DATE OF DEATH 4-24-83	MONTH DAY YEAR	6:30
ge 4 may	3. SE	Female	4. RACE White	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR!	YRS. MONTHS DAYS	
leath. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) Vinginia	16. CITIZEN OF WHAT CO	MARRIE WIDOWE	NEVER MARRIED DIVORCED		rcounty of Death more (ity	M
by the fu		Baltimore	11. NAME OF HOSPITAL USNOT INSUCH FACILITY PUNCTURE	TON NUNSI	ng Home	120. USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE INDUSTRY	of Business o
filled in hould be	_	AL RESIDENCE (IF NURSING HOME OF A TE	NTY 136. Ba	PE TOWN	136. INSIDE CITY LIMITS? YES KONO	130 STREET ADORESS	Avenue -212	206
ompletely and 2 si		ATHER'S NAME FIRST John	Niblett .	LAST		Simmons MIDOLE	LA	AST
on ond co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) {IF YES, G	CONTACTOR OF STATE STATE	101-2756	Wm. Byron Sh	adburn - 61		we-2120
quires that the deat signed by the atten hen please remove c to buriol, cremation, ijury, ar other traum	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN IN PART 1:	(0.
NG PHYSKCIAN: The low requires the ottending physicion. After this certificate has been signed to stibe burial-transit permit. Then plea th and Amental Hygiene prior to burial orked ar them 18 shows ony injury, ar and a	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH?
SKIAN: II ng physicin certificate rial-transil entol Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	EY IN ITEM 18, PART 1 OR PART 2)	
NG PHYS offer this as the but thought orked or	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	wn county	STATE
ATTENDI ospital or ECTOR: A d for use t. of Heal m 21 is m.			ot) view the Voly offer dia	1983 . I		deoth occurred on the do	ote and hour and from the	
TAL OR RAL DIRE he		22b. SIGNATURE	Suns	Rena,		MEDICAL STAF	IAN THE DATE	125/8
O HOSPITAL TO FUNERAL should be det with the Stort MAORTANT:		224. PHYSICIAN'S NAME (TYPE	NSHNE		270 ADDRES 2/0	BALT	历的生活	205
BP		BURIAL, CREMATION, REMOVA (SPECIFY) (remation	23b. DATE 4- 25 - 8		emetery or crematory		O. Ad COUNTY	STATE
DHMH - 16 50M 4/82	24. F	John C. Miller	Inc-6415 Be	tair Road-		R 2 6 1983	James !	shulf

STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

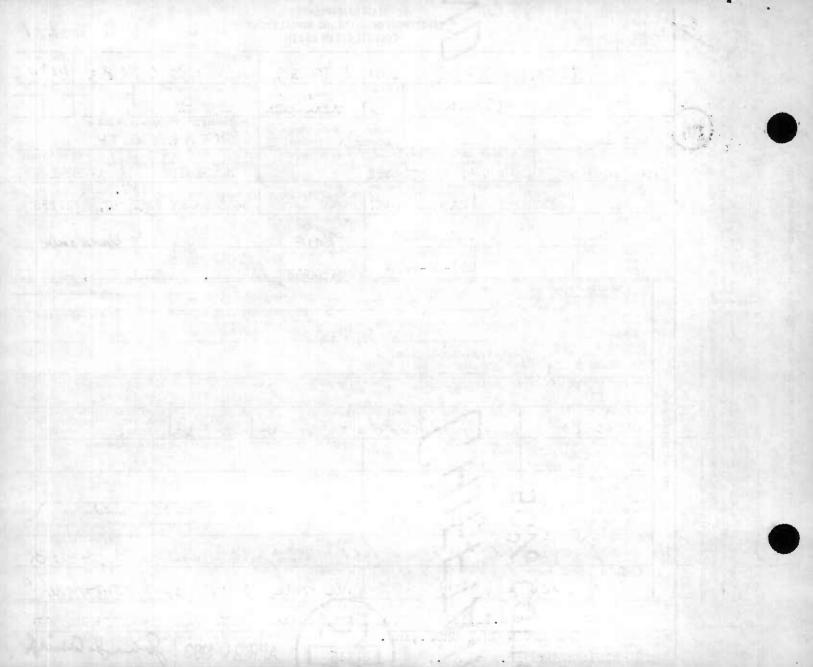
	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 3 3	102	2 5
	T. DECEASED NAME FIRST (TYPE OR PRINT) MARGA	RET SHAFFR	LAST		MONTH DAY YEAR	26. HOUR 40
	FE MALE			6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER TYEAR MONTHS DAYS YRS.	HOURS MIN.
2	a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? B. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
1	Baitimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET DORESS) MILLSON FOR MILLSON	. 11	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON F WORKING LIFE) UNDUSTRY	F BUSINESS OR
>	USUAL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 PTY OR TOWN ALTHURY	YES NO	130. STREET ADDRESS	tim are Be	Eto 11/2/22
9	14 FATHER'S NAME	Rnown LAST	15 MOTHER'S MAIDEN NAM	uknown	LAST	
		MED FORCES? 166 SOCIAL SECURITY NO. 2/8 06 7050 A	Masen Lord Ke	earls 52	00 Eastern 1	Eue 24
Contract of the last of the la	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last	D BY. TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	clamage;	tel pless from care	liac arres	
100	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH OPERATIO		20a AUTOPSY? YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES :	IGS USED
	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRI 216 LOCATION STREET			STATE
	22a.1 certify that (1) (this haspi	t) view the bady after death	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN I	eoth occurred on the do	ote and hour and from the control of	
	Susan De	e PRINT)	1220 ADDRESS 5200 E	asternt	Tue Bult	Md araz
	23a BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION BALT	O. COUNTY	STATE .
	J. CONNE	LLY 300 M	ACE MAY	4 1983	251 GEGISTRAR'S SIGNATU	helf

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DIVISION OF

STATE OF MARYLAND



March F/H Inc. 1101 E North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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1		REGISTRAR			ICATE OF DE	AIH	REG. N	0.	-11	
. 85		CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
may be page 3 rer death		ELIZAB		SHF	RWOOD		APRII 8	1983		4.30 %
r, pag	3. SE	X	I. RACE	S. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS
age 4 nrector, urs ofte		Female	White	Nov		1893	89	YRS.		
10 die 2 hours		IRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUN	MARRIE	D NEVER MA	RRIED 🔯	9. BALTIMORE CITY O	R COUNTY OF	FDEATH	
Jean Zin Zin Zin Zin Zin Zin Zin Zin Zin Zi		New York	U.S.A.	WIDOW	DI DIVO	RCED	Baltimor	e City	,	MD.
1 11 15			1. NAME OF HOSPITAL, N	URSING HOME (OR OTHER INSTIT	UTION	12a USUAL OCCUPATI		12b. KIND OF	F BUSINESS OR
100		Balto.	Church Hos				Reg. Nur		Hosp	ital
12120 hours	USU 13a.	AL RESIDENCE (IF NURSING HOME OR CONTACT 13h COUNT	THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	136. INSIDE CITY	(LIMITS?	13e. STREET ADDRESS			
MARYLAND 2 ed within 24 h mpletery ill d ond 7 mellot	3	Md.	Balto			10 🗆	101 N. E	3ond S	t. 212	231
RYLA LIBIN	14. Fz	ATHER'S NAME	IIDDLE LAS	51	15. MOTHER'S M		MIDDLE		1451	
		Stephen H.	0.		Blan		C.	V	Vallac	e
ORE,	16a \	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	ī	ADDRE	SS		
BALTIMORE, cote be execut ysicion ond co opers. Poges 1 wal.		No	220-3	0-1542	Mrs.	B. Ga	alloway	San	ne	
SALT ote b ote b ore sicion pers. odl.		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c).)					APPROXIA BETWEEN O	MATE INTERVAL
. + +000		PART I. DEATH WAS CAUSED	CAUSE (0) CARDIOP	III MONARY	ARREST	Т				
ON ding		2500	DUE TO, OR AS A CON			41 3				
deat deat deat deat tian,		Conditions, if any, which	((b) POSSIBL		RENAL	FAILL	RF			
W. PRESTON ST at the death certi- ty the attending p se remove corbon cremation, or rem		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON			771440	, ,	15-1-1	15	
		underlying couse lost.	(c) DIABETE	S MELLI	US					
s, 201 gned b n plea buriol, ry, ar a		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSKCIAN: The low requir outending physician. After this certificate been sign of the buriol-tronsit permit. Then the and Mental Hygiene prior to b orked or frein 18 shows any injury	IFICATION		107 No. 2							11-11-11
bow re low re sprint. I print. I sony in	ŏ.	198. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORM	AED	20a AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED OF DEATH?
AL A	CERTIF						YES NO	YES [NO 🗆
ON OF VITA IYSICIAN: I ding physici is certificate burial-transi Mental Hygy it free 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	1 OR PART 2)	
HYSICIA nding pl his certif buriol-r d Mentol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
PHYS ending this of Mod	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NG NG Officer of the orthograph of the orthograp		AT WORK NOT WHILE AT WORK		APRIL	1 7	0.0	4551			
Lose A series		220.1 certify that (1) this haspit saw the deceased alive on	DDTI	03		19 83	APRIL	8, 19		hat (i) we)lost
RECTO ed for of pt. of l	9	obove, (I) (We) (did)(did not)	view the body ofter death.	19_03_, 0	nd that in (my) (or	ur popinion o	leath occurred on the de	ate and hour or	nd from the c	ouses stoted
OR POINTE		276. SIGNATURE	0.1.	10.	DEGREE	ENION IO			22c. DATE S	SIGNED
Y th		Luce	Na	2	PH	YSICIAN [IAND	4-8-	-83
SPI SPI SPI SPI SPI SPI SPI SPI SPI SPI		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		220. ADDRESSC	HURCH	HOSPITAL C	ORPORAT	TON	
TO HOSPIT. retoined by TO FUNER, should be sho		MUKESH LUHAR	M.D.		100 N	BROAD	WAY BALTIM	ORF MA	RYL ANI	31331
Z 6 F 2 2 ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CRE	EMATORY	23d. LOCATION		OUNTY	
BP		Chemation	4-9-83	Green	mount	Twi	Balto.			Mar.
DHMH - 16 50M 4/82	24 FI	UNERAL DIRECTOR PARKE PORTY W. Jenkir	ADD	RESS 4905 '	York Ro	250.1D'ATE	REC'D. BY REGISTRAR	256. RECUSIBAR	R'S SIGNATE	IRE
(VRA 15, 4)	H	enry W. Jenkir	ns & Sons C	o.,Balt	., Md.	AP	R 4 1 1083	John	2.0	about &



	18	1.	FOR STATE REGISTRAR			DEPARI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HCATE OF DEATH	0 0	. NO.	0 2	3 0
death			CEASED NAME	TAC	OB	MIDDLE	SX	ICKROAD	20. DATE OF DEATH	4/26	83	26. HOUR 8. 30 PM
の流	1	3 SEX	MAL		4. RACE	HITE	S. DATE O	T. 3, DAY 1901 YEAR	6. AGE (IN YEARS LAS	BIRTHDAY) 7 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
nu da nu	33	С	MARYLAND		USA	WHAT COUNTRY	WIDOW		9 BALTIMORE CIT	Y <u>OR</u> COUNTY MORE CI'		MD.
by the f		6	ALTO		(IF NOT IN SUC	NA2	LADDRESS)	OSP	(TYPE OF MERCH		12b. KIND (TAIL
y filled in		13a S	IARYLAND	BAL	OTHER INSTITUTION.	RANDAL	LSTOWN	13d INSIDE CITY LIMITS?	386T3T ALE	ENSWOOD	RD.	#21133
ompletel	1000		THER'S NAME JOSEP	H		LKROAD		15. MOTHER'S MAIDEN NAI	UNKNOW		LA	ST
on and c	medica	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE					SAMUEL SADDESSENBERG 420 BLAUSTEIN BLDG. CHARLES & FAYET					
ned by the attending phyleose remove carbonpa	urial, cremation, or rema , or other troumatic even		PART 2 OTHER SIGN	which nediate g the last.	DUE TO, OI	PA CONSEOU R AS A CONSEOU	JENCE OF	Jesular Lus do (R	acción Desara	is!		
TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then I	with the State Dept. of Health and Mental Hygiene prior to but MPORTANT: If hem 21 is marked or hem 18 shaws ony injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERAT ADVI 2 210 ACCIDENT WAS UND OR CONTRIBUTING CITE EITHER NOTIFY MEDIC 210 INJURY OCCURR WHILE NOTIFY MEDIC 220.1 certify that (1) sow the decease obove. (1) (we) 18	ERLYING LAUSE OF DEA	21b. TIME O HOUR A 21e PLACE (AT HOME, SIR	TION FOR WHICH INTO HOLD WITH D M. MONTH D M. DF INJURY EET. FACTORY, OFFICE. Percepted from.	HOPERATIO	N WAS PERFORMED 21c HOW INJURY OCCURE 21f LOCATION STREET 19 10 11 12 13 14 15 16 17 18 18 18 19 19 19 10 10 10 10 10 10 10	to CITY OF THE COLOR OF THE COL	20b. IF YES IN CERTIFY YES IN CERTIFY YES ON TOWN	WERE FINDII YING CAUSES S ART I ORPART 2) COUNTY	NGS USED S OF DEATH? NO STATE
To	× 4	23a BU	URIAL, CREMATION, PECIFY) BURIA	removal L	APR. 28	,1983 S	NAME OF CHOMRE	EMELERY ARTHUVE TO	zewiech sed	EK ROS	EDALE	BALTO., MI
		24. FU	NERAL DIRECTOR	COL I	EVINCON	E PDOS	TNC	25n DAT	F REC'D BY REGISTR	ARIZSE REGISTI	PAP'S SIGNAT	TIIDE

DHMH-16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician

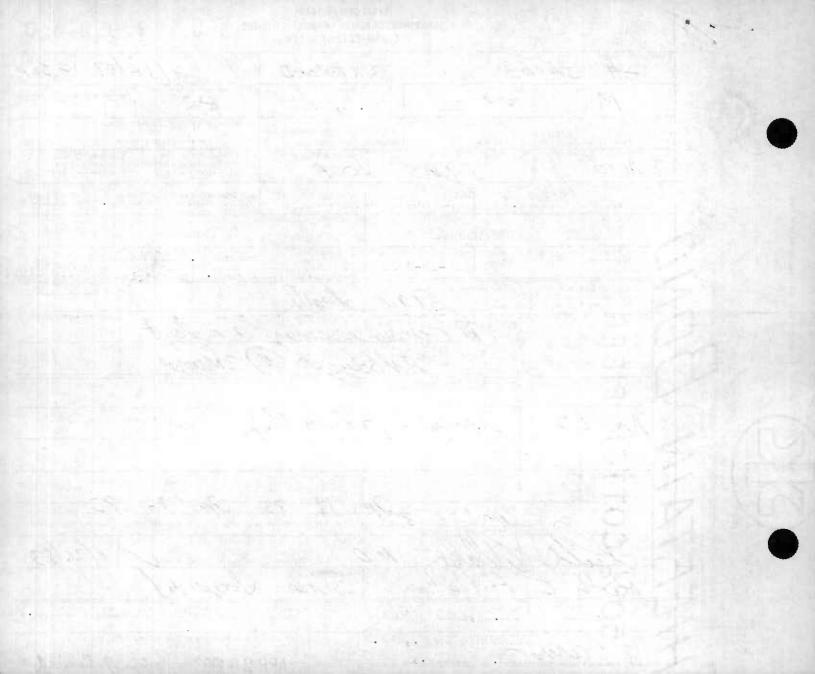
BP.

6010 REISPERSTOWN RD. BALTO

BALTO., MD 21215

ADD 0 0 4000

Joan J. Coming



Dundalk, MD. 21222

FOR

- STATE

(VRA 15, 4)

7922 Wise Avenue

REGISTRAR

STATE OF MARYLAND

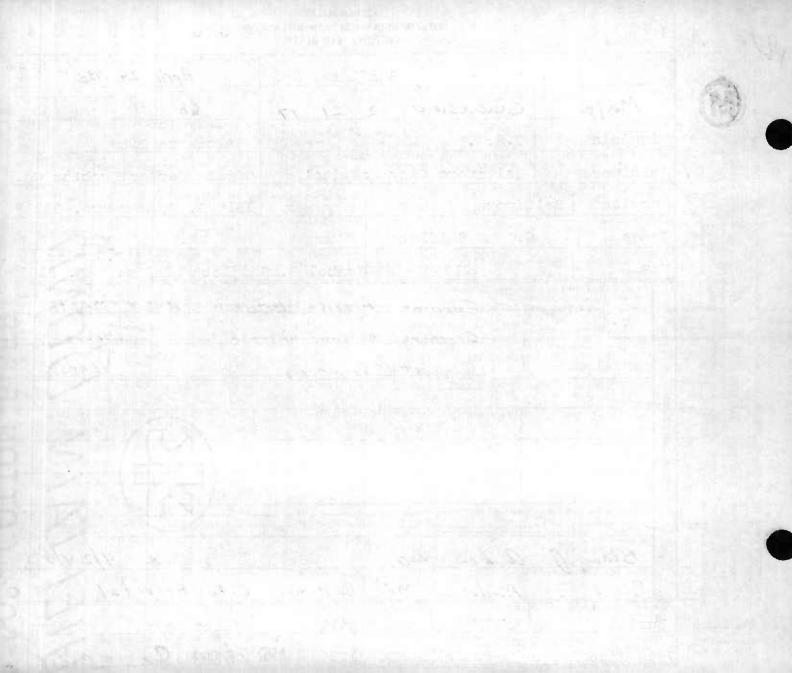
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

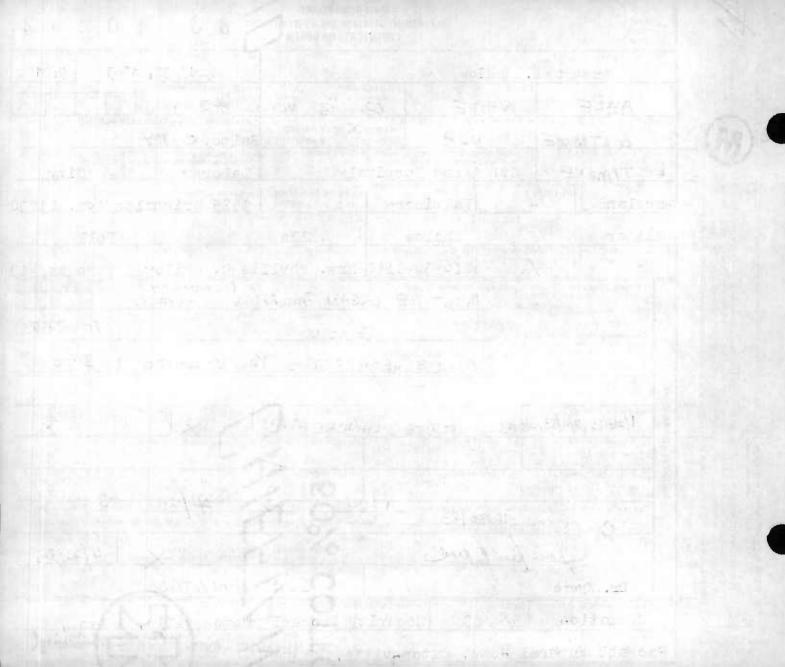
CERTIFICATE OF DEATH

26 HOUR

10:15

IF UNDER 24 HRS.





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINTI LINDA VTOT.A SHIPLEY 310:064 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 12 Female White OT T 75 A. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Baltimore City Maryland WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Agnes Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Goodwill Indus. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 2034 Wilkens Avenue Baltimore 21223 Maryland FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ernest Keirle Marv Suite **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 220-52-7459 Ernest Shipley 2033 Wilkens Ave. 21223 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV YES | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 21e, PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on the control of the and that in (my) (our) opinian death occurred on the date and hour and from the causes stated SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22€ ADDRESS DR. KAUSHALENDRA SINGH MD

AGNES HOSPITAL

23d LOCATION Sykesville

Carroll

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Buria1

23c. NAME OF CEMETERY OR CREMATORY

Lakeview Memorial Pk.

DHMH-16 30M 2/80 (VRA 15, 4)

00

4/25/83 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

THE PROPERTY OF THE PARTY OF TH BALLING TO THE PROPERTY OF THE

George J. Gonce 4001 Ritchie Hgwy

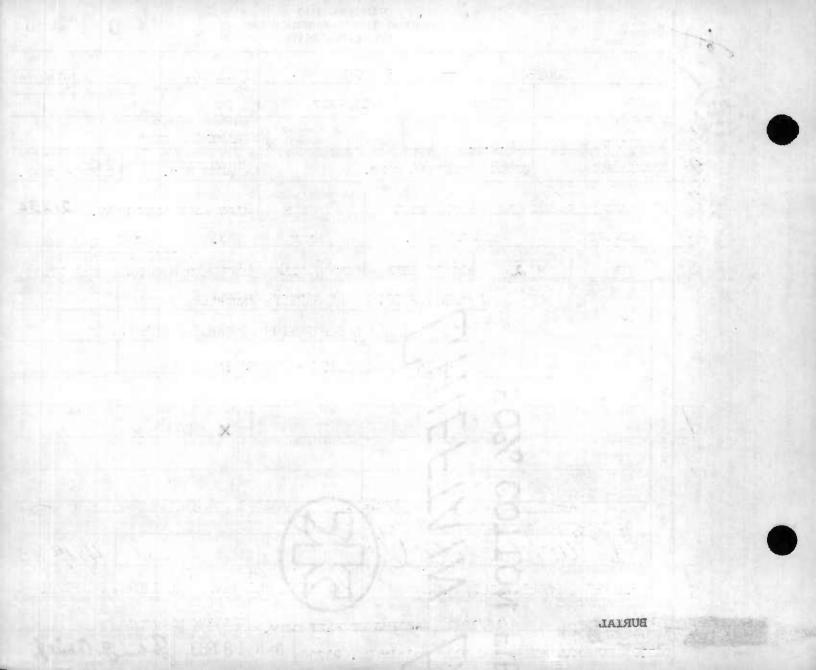
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11		REGISTRAR				CERTIF	ICATE O	FDEATH		REG. NO			
		ASED NAME	FIRST		MIDDLE	ī	AST		20. DATE O			DAY YEAR	2b. HOUR
	{ TYPE OI	K PRINT)	RUDOLI	PH	-	SIL	HAN	JR.	APRIL	14,	1983		8:36 AM
	1 SEX	IALE		4. RACE WHITE	3	5. DATE C	F BIRTH	7 YEAR	6. AGE (IN	YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 MRS HOURS MIN.
hi	Par Hills T	HPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVI	R MARRIED	9. BALTIMO	RE CITY O		OF DEATH	
5	MAR	YLAND		U.S.A		WIDOWE	D	DIVORCED T	DATE	IMORE	CITY		ME
26	BAL	TIMORE		CHURCH"	HOSPITAL, NURSI HOSPITAL	CORP.		NSTITUTION	TYPE OF WORE FINANCE	K FOR MOST O	F WORKING LIF	E) INDUSTRY	IT CORP.
35	MAR	RESIDENCE (IF NATE YLAND HER'S NAME	BALT	1TY	136. CITY OR TOV	VN	YES 🗌	E CITY LIMITS?	13e. STREET		DARK	ROAD	21236
36	2	RUDOLP			HAN SR	_		ER'S MAIDEN NA FIRST MARY	J.		FU		
2		S DECEASED EN	(IF YES, GIV	MED FORCES?	216 24 6		17. INFOR	MANT N SILHA	N NACLE				
	P	Conditions, if a gave rise to cause (a), str underlying ca	ony, which immediate ating the iuse last.	DUE TO, O	RAS A CONSEQUENCE OF THE CONSEQU	CARDIA IENCE OF - ALCO	AL INI	SM - PNE	OR CAI	RDIAC			0
/	F	a. DATE OF OPE			ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	YES X	NO [X]	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
9	EDICAL C	In ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A Id INJURY OCC WHILE NO T WORK AT	CAUSE OF DEA	HOUR A.	OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	19 FARM ETC)	21f. LOCA	TINJURY OCCUP	RRED (ENIER NA	CITY OR TO		COUNTY	STATE
	2	2a.1 certify that		APRIL 1) yiew the body	ne deceased from 19 19 after death.	83 Con		ny (aur) opinion	, 10	APRIL ed on the do	14 ate and hou	r and fram the	that (we ast couses stated
200		tell	leur	00	le Tart	SI			MEDICAL DIRECTOR		F IAN D	4/	14/83
1	2	VALKER		IATELL	[, M.D.	7	100	NORTH B	RCH HOSI ROADWA		TIMOR	RE, MD	21231
	(SPI	RIAL, CREMATIC ECIFY) BURIAL		236 DATE 4/16/				R CREMATORY	BALT	IMORE	MARY	COUNTY	STATE
82	1	PEL FUNE		ME, INC	7110 Be		11.	25a. DA	TE REC'D. BY F	REGISTRAR	25 DEGIST	RAR'S SIGNAL	URE -

DHMH - 16 50M 4/82 (VRA 15, 4)



Balto., Md.

Anatomy Board

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

MR 22 1883 : Jaca 32 Canal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Bessie Sivels 4. RACE IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 24 HOUR 6:43 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED female Black 1899 DEAD (84k) 1983 DM 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Norfolk, Va. USA WIDOWED XX DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore 2810 Hillsdale St 13e STREET ADDRESS Md. 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? BAIto. 2810 Hilldale Ave. YES XX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IDDA F MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORW PINT FUNDED BE FORWARDED TO THE CHIEF MEDICAL TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALLE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALLEM AND MENTAL HYGIENE, DIVISION OF WITH BALL WARD AND MENTAL HYGIENE, DIVISION OF WITH BALL WARD AND MENTAL HYGIENE. Alexzander Jones Marie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 213 32 5387 Boston Sivels, Jr. 2810 Hilldale Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) Diabetes Mellitus 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Y 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM ETC 1 CITY OF TOWN STATE 220 I certify that I took charge of the remains described obove, held on Autapsy Inspection death resulted lag Hamicide Undetermined manner EXAMINER'S NAME Dennis III Penn Street, Baltimore, Md. Smyth. 23a BURIAL, CREMATION, REMOVAL 23b DATE 236. LOCATION 73c NAME OF CEMETERY OR CREMATORY 150. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR **DHMH** - 17 ADDRESS. (VR A15 ME (5)) LEROY O. DYETT 4600 LIBERTY HGTS 20M 4/82